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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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2022 MAY -5 AM 8:20
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ALLIANCE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
RONISA GROUP LLC**

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|-----------------------|----------|
| Certificate of Status | 1 |
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May 4, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: RONISA GROUP LLC
REF: W22000058278

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Matthew T Moon

FAX Aud. #: E22000161669

Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 122A00010357

RA:

Name as it appears ON
Sunbiz

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LLC.")*

RONISA GROUP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3301 North University Dr. Suite 100 Coral Spring 33065

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

Accounting Heart.
3301 N University Dr Ste. 100
Coral Springs FL 33065

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

Santy Santolaya, Member

Julieta Gomez, Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -5 AM 8:21

11111

Required Signatures:

Santy Santoluc
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Santy Santoluc
Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

M. Torres Accounting Heart LLC

Registered Agent's Signature (REQUIRED)

DEPT OF STATE
TALLAHASSEE, FLORIDA

2022 MAY -5 AM 8:21

11:11