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FLORIDA LIMITED LIABILITY CO. SPACE HUB AGENCY LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SPACE HUB AGENCY LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
8400 S DIXIE HWY APT 1918 MIAMI Fl, 33143.	
17 33773.	
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.) LARICSA BEATRIZ CON 2A(2) AFANE ERRORS	7
LARISSA BEATRIZ GONZALEZ VILLATANIE SESSE Z 8400 S DIXIE HWY APT 1918 MUANTES DE 1918 MUANTE	
ARTICLE IV The name and title of each person authorized to manage and control the Lincited Liability Company: (MGR or AMBR)	
LARISSA BEATRIZ GONZALEZ VILLAFANE AMO	32
KELLY SOPHIA HERNANDEZ TESSAROLO AME	3 R
MIGUELANGEL GOPPIN DJEDA AMB	<u>,</u> <u>p</u>
	<u>.</u>

Required Signatures:

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.

LARISSA GONZACEZ.

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 herely 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 improper to complete the obligations of my position as registered agent as provided for

Registered Agent's Signature (REQUIRED)

CASLE AND/OR VIDEO FRANCHISING DIVISION OF CORPORATIONS TALLAHASSEF TABLES