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Florida Department of State
Division of Corporations
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```
To:
        Division of Corporations
        Fax Number      : (850)617-6381

From:

        Account Name    : ARIMIR SERVICES GROUP LLC
        Account Number  : I28200000022
        Phone           : (305)298-6579
        Fax Number      : (305)643-5225
```

**Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____ deyanire @ myburs . net

FLORIDA LIMITED LIABILITY CO.
STRINGNET LAB LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	$130.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

STRINGNET LAB LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
210 NE 45TH OAKLAND PARK	210 NE 45TH OAKLAND PARK
FORT LAUDERDALE, FL 33334	FORT LAUDERDALE, FL 33334

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(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.)

The name and the Florida street address of the registered agent are:
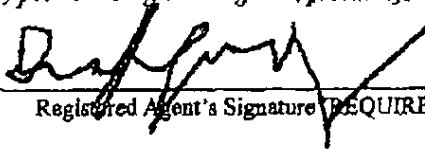
DEYANIRE GONZALEZ
_____
Name

720 E COCO PLUM CIR # 8
_____
Florida street address (P.O. Box **NOT** acceptable)

PLANTATION   FLORIDA   33324
_____
City   State   Zip

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..

_____
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

ROBERTO ALEXANDER CARRION VALLADARES
Calle Alfa Orion 282 Urb. La Calera de la Merced
SURQUILLO, LIMA, PERU

MGR

MARIA FELIPA VALLADARES HUADO
Calle Alfa Orion 282 Urb. La Calera de la Merced
SURQUILLO, LIMA, PERU

MGR

MARTHA YESICA VALLADARES GUEVARA
Calle Alfa Orion 282 Urb. La Calera de la Merced
SURQUILLO, LIMA, PERU

MGR

Stringnet Multimedia System SAC
Calle Alfa Orion 282 Urb. La Calera de la Merced
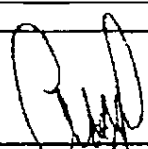SURQUILLO, LIMA, PERU

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 21, 2022 _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

_____

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
This document is executed in accordance with Section 605.0203 (1) (b), Florida Statutes.
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.

ROBERTO ALEXANDER CARRION VALLADARES
Typed or printed name of signee

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ARTICLE IV ATTACHMENT
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

MGR

Name and Address:

Daniel Eduardo Calderon Ego Aguirre

Jiron la Floresta 299 Apt, 404

Urb. Semirustica de camacho, Santiago de surco

Lima, Peru

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