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Division of Corporations

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

From: Account Name : CORPOLICENSE, INC  
Account Number : I20050000118  
Phone : (305)774-9606  
Fax Number : (305)774-9660

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Email Address: can2271@gmail.com

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FLORIDA LIMITED LIABILITY CO.  
JEG MULTISOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY  
OF  
JEG MULTISOLUTIONS, LLC**

**ARTICLE I - NAME:**

The name of the Limited Liability Company Is:

**JEG MULTISOLUTIONS, LLC**

**ARTICLE II - ADDRESS:**

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

**PRINCIPAL ADDRESS: 14514 SW 298<sup>th</sup> Terrace  
Homestead, FL 33033**

**ARTICLE III - Registered Agent, Registered Office, & Registered  
Agent's Signature:**

The Registered Agent designated is: **JUAN ENRIQUE GARCIA**

**JUAN ENRIQUE GARCIA  
14514 SW 298<sup>th</sup> Terrace  
Homestead, FL 33033**

*Juan Garcia*  
\_\_\_\_\_

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.

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**ARTICLE IV - Management/Member(s):**

The name and address of each Manager or Managing Member is as follows:

<b><u>TITLE:</u></b>	<b><u>NAME AND ADDRESS</u></b>
<b>MGR</b>	<b>JUAN ENRIQUE GARCIA 14514 SW 298<sup>th</sup> Terrace Homestead, FL 33033</b>

*Juan Garcia*  
 \_\_\_\_\_  
**JUAN ENRIQUE GARCIA**  
**Manager**

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(In accordance with section 605.0201, Florida Statutes,  
 The execution of this document constitutes an affirmation under  
 The penalties of perjury that the facts stated herein are true)

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