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**CORPORATE  
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1. **COLLARROY GROUP, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
**COLLARROY GROUP, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**1381 NW 144 AVE  
PEMBROKE PINES, FL 33024**

**Mailing Address:**

**9000 SHERIDAN ST STE 138  
PEMBROKE PINES, FL 33024**

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

The name and the Florida street address of the registered agent are:

**CESAR A. MOLINA GALAVIS  
1381 NW 144 AVENUE  
PEMBROKE PINES, FL 33028**

*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.*

*/S/ CESAR A. MOLINA GALAVIS*

\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)

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**ARTICLE IV- Members/Managers**

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:

**AMBR**

**CLOVELLY GROUP SAS  
CL110 A#4 35  
BOGOTA DC COLOMBIA**

**MGR**

**CESAR A. MOLINA GALAVIS  
1381 NW 144 AVE  
PEMBROKE PINES, FL 33028**

**MGR**

**ELSA P. WILCHES MCNULTY  
1381 NW 144 AVE  
PEMBROKE PINES, FL 33028**

**ARTICLE V: EFFECTIVE DATE**

The effective date of this filing is July 13, 2022.

REQUIRED SIGNATURE:

**/S/CESAR A. MOLINA GALAVIS**

**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.

**CESAR A. MOLINA GALAVIS**

**Typed or printed name of signee**

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