Division of Corporations Electronic Filing Cover Sheet

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| | To: | |
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| | | Division of Corporations |
| | | Fax Number ; (850)617-6381 |
| | from: | |
| | | Account Name : EXPRESS CORPORATE FILING SERVICE INC. |
| | | Account Number : 120000000146 |
| | | Phone : (305)444-4994 |
|) | ile | Fax Number : (305)328-4774 |
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| | **Enter | the email address for this business entity to be used for future |
| | ann | ual report mailings. Enter only one email address please.** |
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| | Ema | il Address: |
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FLORIDA LIMITED LIABILITY CO. **LINGUIS LLC**

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

| ARTICLES OF ORGANIZATION FOR FLOR | IDATIMITED FARMENT COMPANY |
|--|--|
| ARTICLE I - Name: | |
| The name of the Limited Liability Company is: | |
| | |
| LINGUIS LLC | |
| (Must contain the words "Limited Liabili | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal office of | of the Limited Lightlity Company is: |
| The maning address and street maness of the principal office of | the Elimes Elability Company is: |
| Principal Office Address: | Mailing Address: |
| 215 SW 17 AVE | 215 SW 17 AVE |
| STE 215 | STE 215 |
| MIAMI, FL 33135 | MIAMI, FL 33135 |
| iporer pur p to the a Data - 1000 - 0 P. | the second of the second |
| ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis | |
| another business entity with an active Florida registration.) | tered Agent. To a must designate air likity tidai of |
| and the control of th | |
| The name and the Florida street address of the registered agent | are: |
| YOEL D. LEMAS GONZ | ALEZ |

Name 215 SW 17 AVE STE 215 Florida street address (P.O. Box NOT acceptable) MIAMI 33135 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.

> YOEL D. LEMAS GONZALEZ YOULD, LAMPAS SUNDANG HAVE 24, 2022 13.29 20.01 Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

| Title: "AMBR" = Authorized Member | Name and Address; | |
|---|--|--|
| "MGR" = Manager | | |
| AMBR | YOEL D. LEMAS GONZALEZ | |
| | 215 SW 17 AVE., STE 215 MIAMI, FL 33135 | |
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