

To:

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2022-09-16 15:30:27 GMT

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From: Lazka Garrido

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Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FOREING SOLUTION
Account Number : I20200000036
Phone : (786)599-4140
Fax Number : (954)827-2771

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

Email Address: lazka@foreingsolution.com

FLORIDA LIMITED LIABILITY CO.

Mixerport LLC

Certificate of Status...	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

Mixerport LLC

ARTICLE II - Address:

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

7300 W McNab Road. Suite 220
Tamarac, FL 33321

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.)*

FOREIGN SOLUTION 2.0 LLC
7300 W MC NABD ROAD SUITE 220
TAMARAC FL 33321

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

FABIO ALEJANDRO LUBNICKI MGR
NICOLAS IVAN COSTESICH - AMBR

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SECRETARY OF STATE, FLORIDA

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.

LAZKA GARRIDO
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 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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA