

10/3/2022 1:44 PM  
**L22000425920**

Division of Corporations

Florida Department of State  
 Division of Corporations  
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To:

Division of Corporations  
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Account Name : HUBCO  
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 Phone : (516)935-3940  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: GIANNA.SOLIS@GMAIL.COM

**FLORIDA LIMITED LIABILITY CO.**  
**Charma LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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 11:13:00  
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Charma LLC

(Must end with 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:**10708 NW 77th Street  
Doral, FL 3317810708 NW 77th Street  
Doral, FL 33178**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:

Gianna Solis

Name

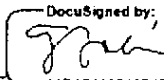
10708 NW 77th StreetFlorida street address (P.O. Box **NOT** acceptable)DoralFL 33178

City

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.*

DocuSigned by:



Registered Agent's Signature (REQUIRED)

Gianna Solis

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