

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L22000445364
FILED 8:00 AM
October 14, 2022
Sec. Of State
sprather

Article I

The name of the Limited Liability Company is:

PARAROM LLC

Article II

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

415 CLOVERDALE DR
TALLAHASSEE, FL. US 32312

The mailing address of the Limited Liability Company is:

PO BOX 180812
TALLAHASSEE, FL. US 32318

Article III

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

CARLA D GARAY
415 CLOVERDALE DR
TALLAHASSEE, FL. 32312

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.

Registered Agent Signature: CARLA DEMARCO GARAY

Article IV

The name and address of person(s) authorized to manage LLC:

Title: CEO
CARLA D GARAY
415 CLOVERDALE DR
TALLAHASSEE, FL. 32312 US

Title: CTO
ANGEL G GARAY
415 CLOVERDALE DR
TALLAHASSEE, FL. 32312 US

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Article V

The effective date for this Limited Liability Company shall be:

10/20/2022

Signature of member or an authorized representative

Electronic Signature: CARLA DEMARCO GARAY

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L22000445364

Notarized Affidavit

STATE OF FLORIDA

COUNTY OF LEON

I, the undersigned, being first duly sworn, do hereby state under oath and under penalty of perjury that the following statements below are true:

1. I am over the age of 18 and am resident of the State of Florida. I have personal knowledge of the facts in this affidavit, and if called as a witness, could testify competently about them.
2. I am currently living at: 415 Cloverdale Dr., Tallahassee, FL, 32312
3. My name is Angel Gabriel Garay, the sole Officer/Director, titled "CEO", and sole Registered Agent of the now administratively dissolved corporation "PARAROM, INC." and have no intention of reinstating the "PARAROM, INC." name, therefore releasing the name for use to another entity.

Executed this 17th day of Oct., 2022

Angel Gabriel Garay

Name

Angel Gabriel Garay

Signature

1. CERTIFICATE OF ACKNOWLEDGMENT

STATE OF FLORIDA

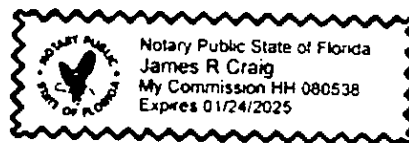
COUNTY OF LEON

James R. Craig

NOTARY PUBLIC OR DEPUTY CLERK

James R. Craig

Print, type or stamp commissioned name of notary or clerk



 Personally known

✓ Produced Identification

Type of Identification Produced FL Driver License