

**L23000074684**

Florida Department of State

Division of Corporations

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Division of Corporations  
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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: MARKHADDADCONSULTING@OUTLOOK.COM

**FLORIDA LIMITED LIABILITY CO.****Transazione Consulting, L.L.C.**

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Transazione Consulting, L.L.C.

(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:**250 SW Ridgecrest Drive  
Port St. Lucie, FL 34953**Mailing Address:**250 SW Ridgecrest Drive  
Port St. Lucie, FL 34953**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:

Williams Sands

Name

250 SW Ridgecrest DriveFlorida street address (P.O. Box **NOT** acceptable)Port St. Lucie

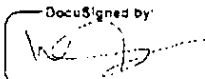
City

FL 34953

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

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Registered Agent's Signature (REQUIRED)

Williams Sands

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBRAMBR**Name and Address:**Mark HaddadP.O. Box 536Dix Hills, NY 11746Williams Sands250 SW Ridgecrest DrivePort St. Lucie, FL 34953

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: March 10, 2023 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

DocuSigned by:

Mark Haddad

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**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.)

Mark Haddad

Typed or printed name of signer

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