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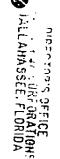
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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: The Paner Palace Luxury Kids Nume of Limited Liability Company SPA, LLC
The enclosed Articles of Organization and fee(s) are submitted for tiling
Please return all correspondence concerning this matter to the following:
KIEFFA Andorson Name of Person
Firm Company
BOJSOFOSHEGESP 530 NE 154th Ave
thepamper palace 1/c (agmail:com
E-mail address: (to be used for fitters annual report notification)
For further information concerning this matter, please call
KIEFTA Anderson 350 216.7965 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
Ti\$125.00 Filing Fee

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 632

Tallahassee, FL 32314

Street Address New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

e name of the Limited Liability	Company is:				
The	Pamper	Palace	Luxury	KIDS SA	20

(Must contain the vords * Limited Liability Company, "L.L.C.," or "LLC.")

410

CTICLE II - Address:

RTICLE I - Name:

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

Principal Office Address:	Mailing Address:
530 NE 154th	530 NE 154 THUE
Al-e	WILLISTON FL 32696
WILLION FL 37/10	
, 030	16

WTICLE 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 other business entity with an active Florida (egistration.)

, name and the Florida street address of the registered agent are

Florida street address (P.O. Box NOT acceptable)

Will Steen State

City State

Microscopy

Ander Sobo

Ave

Total Ave

Total 32696

ig been named as registered agent and to accept service of process for the above stated limited liability company at the v designated in this certificate. Thereby accept the appointment as registered agent and agree to act in this capacity. If v a silical with the provisions of all statutes relating to the proper and complete performance of my duties, and I is a tilian with and accept the obligations of my position ϕs register, an agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Ai	thorized Member	Name and Add	ress:	
"MGR" = Mar		- KIPY C -5-30 NO 	Ancleyson	<u>26</u> 696
(If an effective date is li the date of filing.) <u>Note:</u> If the date insert	date, if other than the date o sted, the date must be spec	Hie and cannot be more set the applicable statutor	OPTIONAL (OPTIONAL) than five business days prior to	o or 90 days after
'.RTICLE VI: Other pro	ovisions, if any			
REQUIRED	SIGNATURE:			
	This document is executed	d in accordance with sec ntornation submitted in	epresentative of a member, tion 605.0203 (1) (b). Florida St a document to the Department o <.817.155, F.S.	
		KIPVI A Typed of printed name of	Ander Consigned	2023
		Filing Fees:		-

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

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)