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To:

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From:

Account Name : SOLOMON & FURSHMAN, LLP
 Account Number : I20050000182
 Phone : (305)861-8034
 Fax Number : (305)938-6914

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

Email Address: ksingleton@sfllp.com**FLORIDA LIMITED LIABILITY CO.****The Arjan and Violeta LLC**

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I: Name:**

The name of the Limited Liability Company is:

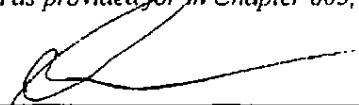
The Arjan and Violeta LLC**ARTICLE II: Address:**

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

Principal Office Address:1320 Mariposa Circle, #201
Naples, FL 34105**Mailing Address:**1320 Mariposa Circle, #201
Naples, FL 34105**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:

SOLOMON & FURSHMAN, LLP
511 SE 5th Avenue, Suite R010
Fort Lauderdale, FL 33301*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 its 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)**ARTICLE IV –**

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

Title: Name and Address:MGR Violeta Rama
1320 Mariposa Circle #201
Naples, Florida 34105MGR Arjan Rama
1320 Mariposa Circle #201
Naples, Florida 34105**ARTICLE V: Effective date, if other than the date of filing: May 18, 2023.**2023 MAY 18 PM 2:58
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ARTICLE VI: Other provisions, if any.
NONE.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

ADAM J. WEISS, ESQ., REGISTERED AGENT

Typed or printed name of signee

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