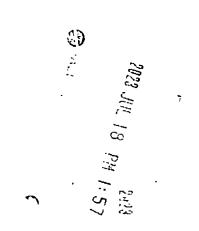
# L2300033)190

| (Ře                          | equestor's Name)      |                                       |
|------------------------------|-----------------------|---------------------------------------|
| . (Ac                        | ddress)               | <u> </u>                              |
| (Ac                          | ddress)               |                                       |
| (Ĉí                          | ty/State/Zip/Phone #) | · · · · · · · · · · · · · · · · · · · |
| PICK-UP                      | WAIT                  | MAIL                                  |
| (Bu                          | usiness Entity Name)  |                                       |
|                              |                       |                                       |
| (De                          | ocument Number)       |                                       |
| Certified Copies             | Certificates o        | of Status                             |
| Special Instructions to Fili | ing Officer:          |                                       |
|                              |                       |                                       |
|                              |                       |                                       |
|                              |                       |                                       |
|                              |                       |                                       |





300412337163



12: 07

# FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07/18/23

NAME: MANDALA GROUP USA LLC

TYPE OF FILING: ARTICLES

COST:

125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name:<br>The name of the Limited Lia                     | ability Company is:  |                          |  |
|--|--|--------------------------|--|
| Mandala Group  | USA LLC  |                          |  |
|  | contain the words "Limited Lia   | bility Co                | mpany, "L.L.C.," or "LLC.")  |
| ARTICLE II - Address:<br>The mailing address and stro                | ect address of the principal offic   | ce of the 1              | Limited Liability Company is:  |
| <u>Pri</u>   | ncipal Office Address:   |                          | Mailing Address:   |
| 401 B STREET.<br>92101   | SUITE 2050, SAN DIEGO, C   | <u>A</u>                 | 401 B STREET, SUITE 2050, SAN DIEGO<br>CA 92101  |
| (The Limited Liability Companother business entity with              | Agent, Registered Office, & pany cannot serve as its own Registration.) an active Florida registration.) | gistered 2               | ed Agent's Signature:<br>Agent. You must designate an individual or  |
|  | PARACORP INCORPO   | RATED                    |  |
|  | N  | lame                     |  |
|  | 155 Office Plaza Drive,  | 1st Floor                | <u> </u>   |
|  | Florida street address (F  | P.O. Box                 | NOT acceptable)  |
|  | Tallahassee  | <u>FL</u>                | 32301  |
|  | City   | State                    | Zip  |
| place designated in this certific<br>further agree to comply with th | cate, I hereby accept the appoin<br>ne provisions of all statutes relat                                  | tment as r<br>ing to the | s for the above stated limited liability company a<br>registered agent and agree to act in this capacity<br>proper and complete performance of my duties,<br>l agent as provided for in Chapter 605, F.S |
|  | Please see attac   | hed.                     |  |
|  | Registere  | d Agent's                | Signature (REQUIRED)   |
|  | (0   | CONTIN                   | (UED)  |

#### ARTICLE IV-

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

| "AMBR" = Authorized Member   |  |    |
|--|--|----|
| "MGR" = Manager  |  |    |
| MGR  | Emmanuel Ortiz Avala   |    |
| <del></del>  | 401 B STREET, SUITE 2050, SAN DIEGO, CA, 92101   |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
|  |  |    |
| (Use attachment if necessary)  |  |    |
| ective date is listed, the date must be s<br>of filing.)   | specific and cannot be more than five business days prior to or 90   |    |
| ective date is listed, the date must be sof filing.) If the date inserted in this block does not ment's effective date on the Department. EVI: Other provisions, if any.   | specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not not of State's records.   |    |
| ective date is listed, the date must be sof filing.)  The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.   | specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not   |    |
| ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  | specific and cannot be more than five business days prior to or 90 t meet the applicable statutory filing requirements, this date will not not of State's records.   |    |
| ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:   | specific and cannot be more than five business days prior to or 90 to meet the applicable statutory filing requirements, this date will not not of State's records.  |    |
| ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of an This document is experiment.   | t meet the applicable statutory filing requirements, this date will not not of State's records.  The state of the applicable statutory filing requirements, this date will not not of State's records.  The state of the applicable statutory filing requirements, this date will not not of State's records.                                  |    |
| ective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department.  E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of an This document is exact a may aware that any solution.  | t meet the applicable statutory filing requirements, this date will not not of State's records.  member or an authorized representative of a member. State of a naccordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State.  |    |
| ective date is listed, the date must be sof filing.)  The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of an This document is exact a may an aware that any fall.  | t meet the applicable statutory filing requirements, this date will not not of State's records.  The state of the applicable statutory filing requirements, this date will not not of State's records.  The state of the applicable statutory filing requirements, this date will not not of State's records.                                  |    |
| rective date is listed, the date must be sof filing.)  The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a many that any that constitutes a third degree.  | t meet the applicable statutory filing requirements, this date will not not of State's records.  member or an authorized representative of a member. State of a naccordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S. |    |
| ective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of an This document is exact a maware that any fall  | t meet the applicable statutory filing requirements, this date will not not of State's records.  member or an authorized representative of a member. State of a naccordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S. |    |
| rective date is listed, the date must be sof filing.)  the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a many that any that constitutes a third degree.  | member or an authorized representative of a member.  suted in accordance with section 605.0203 (1) (b), Florida Statutes, ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  humacher  Typed or printed name of signee  | bc |
| rective date is listed, the date must be sof filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a not the Department | member or an authorized representative of a member.  suted in accordance with section 605.0203 (1) (b), Florida Statutes, lise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  humacher  Typed or printed name of signee  Filing Fees:   | be |
| rective date is listed, the date must be sof filing.) The date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.  REOUIRED SIGNATURE:  Signature of a not the Department is expected and aware that anythic constitutes a third degree.  Artemiza O. Sc.   | member or an authorized representative of a member.  suted in accordance with section 605.0203 (1) (b), Florida Statutes, ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.  humacher  Typed or printed name of signee  |    |

as

## STATE OF FLORIDA

#### REGISTERED AGENT CONSENT FORM

DATE: 07/18/2023

ENTITY NAME: Mandala Group USA LLC

#### REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated 155 Office Plaza Drive, 1st Floor Tallahassee. FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statues.

Leticia Herrera, Assistant Secretary

Paracorp Incorporated