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Florida Department of State
Division of Corporations
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FLORIDA

FLORIDA LIMITED LIABILITY CO.
SINBAD LLC

Certificate of Status	1
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2023 JUL 20 AM 4:59
FALL ARIZONA, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "LC.")*

SIMBAD LLC

ARTICLE II - Address:

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

Mailing address: 1800 N Bayshore Dr., # 607
Miami, FL 33132

Principal Office Address: 1800 N Bayshore Dr., # 607
Miami, FL 33132

ARTICLE III - Registered Agent, Registered Office:

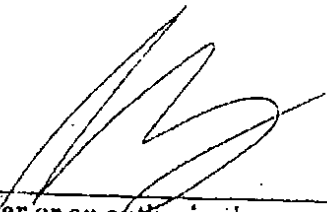
The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

Martin Viana
1800 N Bayshore Dr., # 607
Miami, FL 33132

ARTICLE IV-

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

AMBR	Martin Viana 1800 N Bayshore Dr., # 607 Miami, FL 33132
AMBR	Tomas Soriano 4595 NW 37th Ct Miami, FL 33142
AMBR	Andrea Senis 80 NE 132 St Miami, FL 33161

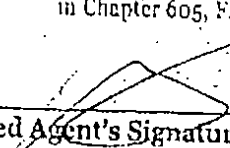
Required Signatures:

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.

MARTIN VIANA_____
Typed or printed name of signee

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.



Registered Agent's Signature (REQUIRED)2023 JUL 20 AM 4:59
TALLAHASSEE, FLORIDA