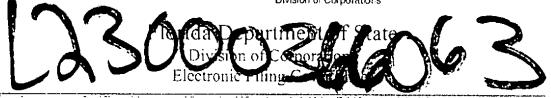
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Division of Corporations



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

12 (17/1/17/17/17)	IOLDINGS, LLC	
(Mu	st contain the words "Limited Liability Co	ompany, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
	treet address of the principal office of the	Limited Lightlitu Company is
the maining attitiess and si	areet address of the principal office of the	Themed Chabliny Company is:
<u>P</u>	rincipal Office Address:	Mailing Address:
	and a constant	
901 INDUSTR	IAL CIRCLE	
901 INDUSTR UNIT 6	JAL CIRCLE	SAME

The name and the Florida street address of the registered agent are:

RAUNIER MENDII	.UZA	
	Name	
901 INDUSTRIAL O	CIRCLE UNIT 6	
Florida street addres	s (P.O. Box <u>NOT</u> ac	cceptable)
CAPE CORAL	FI.	33909
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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..

/s/ Raunisa Mandiluza
Registered Agent's Signaturo (REQUIRED)

(CONTINUED)

(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory tiling requirements, this date will not be liste the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: A Raunier Mendaluza Signature of a member or an authorized representative of a member. This document is assumed in assumble part an authorized representative of a member.	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days a the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: A Raunier Mandiluga	-	901 INDUSTRIAL CIRCLE UNIT 6
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REQUIRED SIGNATURE: /a/ Raunier Mendiluza Signature of a member or an authorized representative of a member.	(If an effective date is listed, the date must be sthe date of filing.) Note: If the date inserted in this block does not	specific and cannot be more than five business days prior to or 90 days after a meet the applicable statutory filing requirements, this date will not be listed as
/a/ Raunier Wendiluza Signature of a member or an authorized representative of a member.	ARTICLE VI: Other provisions, if any.	
/a/ Raunier Wendiluza Signature of a member or an authorized representative of a member.		
Signature of a member or an authorized representative of a member.		
Signature of a member or an authorized representative of a member.		Raunier Wendiluza
I his document is executed in accordance with section 605.0205 (1) (δ), Fibrida 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.	This document is exec I am aware that any fal	setted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State
RAUNIER MENDILUZA Typed or printed name of signee	RAUNIER ME	NDILUZA

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