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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.
Account Number : I20070000019
Phone : (518)689-1212
Fax Number : (518)432-0742

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**FLORIDA LIMITED LIABILITY CO.
GRACIE LAB LLC**

Certificate of Status	1
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TALLAHASSEE, FLORIDA

**Articles of Organization
for
Florida Limited Liability Company**

ARTICLE I NAME

The name of the Limited Liability Company is: **GRACIE LAB LLC**

ARTICLE II PRINCIPAL OFFICE

The mailing address and street address of the principal office is: **4955 Lakeview Dr, Miami Beach FL 33140,**

ARTICLE III REGISTERED AGENT & REGISTERED OFFICE

The name and the Florida street address of the registered agent is: **Alexander Kaushansky, 4955 Lakeview Dr, Miami Beach FL 33140,**

ARTICLE IV AUTHORIZED REPRESENTATIVE / MANAGER

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

*Alexander Kaushansky, Authorized member
4955 Lakeview Dr, Miami Beach FL 33140,*

*Igor Gracie, Authorized member
4955 Lakeview Dr, Miami Beach FL 33140,*

September 14, 2023

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..

s/ Alexander Kaushansky
Alexander Kaushansky
Registered Agent

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.

s/ Alexander Kaushansky
Alexander Kaushansky
member

s/ Igor Gracie
Igor Gracie
member