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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 : (305)675-5944 Fax Number

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

Email Address:

FLORIDA LIMITED LIABILITY CO. LILO'S PRODUCTS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME
THE NAME OF THE LIMITED LIABILITY COMPANY IS:

LILO'S PRODUCTS LLC

(Must end with the words "Limited Liability Company, "L.L.C., or LLC.")

ARTICLE II - ADDRESS:

THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL OFFICE OF THE LIMITED LIABILITY COMPANY IS:

PRINCIPAL OFFICE ADDRESS:

MAILING ADDRESS

5625 SW 80TH ST APT D MIAMI, FL. 33143

5625 SW 80TH ST APT I) MIAMI, FL. 33143

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

(The Limited Liability Company cannot serve as it own Registered Agent. You must designate and Individual or another business entity with an active Florida registration)

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

MANUEL E BERRIOS

Name

5625 SW 80TH ST APT D

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL. 33143

City, State, and Zip.

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 certificated, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Registered Aten's Signature (Requiered)

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as Follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

MANUEL E. BERRIOS 5625 SW 80TH ST APT D MIAMI, FL. 33143

MCRM

MARLENIS A. AMENDOLIA LOPEZ 5625 SW 80TH ST APT D MIAMI, FL. 33143

(Use attachment if necessary)

ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILLING: 09/16/2023, (OPTIONAL) (IF AN EFFECTIVE DATE IS LISTED, THE DATE MUST BE SPECIFIC AND CANNOT BE MORE THAN FIVE BUSINESS DAYS PRIOR TO OR 90 DAYS AFTER THE DATE OF FILLING.)

REQUIRED SIGNATURE:

SIGNAURE OR A MESSIER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER. (in accordance with Sector 605.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein at trus.)

MANUEL E BERRIOS

Typed or printed name of signee