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33	₹₽Ï	Division of Corporations	
<u>a</u>	From:	Fax Number : (850)617-6381	<u> </u>
\mathcal{C}		Account Name : C T CORPORATION SYSTEM	<u> </u>
		Account Number : FCA000000023	$\hat{\mathbf{I}}$. :
		Phone : (954)208-0845	> - ;
2023 CI		Fax Number : (614)573-3996	SSEE,
		the email address for this business entity to be used for fut nual report mailings. Enter only one email address please.**	ore
	Fma	rhache@fragaindustrial.com	, , ,

FLORIDA LIMITED LIABILITY CO. FRAGA USA LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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T. MATTHEWS

OCT 16 2023

Mailing Address:

From: David Thomas

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CONPANY 007 13 PM 4:40

·ARTICLE 1 - Name:

The name of the Limited Liability Company is:

TALLAHASSEE, FL

Fraga	I	ISA	ſ	Ţ	C
LUKA	٠.	-	_	-	~

(Must contain 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:

Ave. Circunvalación Santo Domingo, 1065 SW 8th St. 5489 Miami , Florida 3313 Poligono Industrial Hato Nuevo, Santo Domingo Miami , Florida 33130 Dominican Republic

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Principal Office Address:

(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.)

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

C 1 Corporation Sys	stem	
	Name	
1200 South Pine Isla	and Road	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
City	State	7in

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..

C T Corporation System

By: /S/ Kathryn A. Widdoes-Assistant Secretary.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Fraga Industrial S.A.S. 1065 SW 8th St. PMB 5489 Miami, Florida 33130
MGR	Raymundo Haché 1065 SW 8th St. PMB 5489 Miami, Florida 33130
MGR	Luis Rondon 1065 SW 8th St. PMB 5489 Miami, Florida 33130
MGR	Francisco Garcia Diaz 1065 SW 3th St. PMB 5489 Miami, Florida 33130
(Use attachment if necessary)	
(If an effective date is listed, the date must be the date of filing.)	date of filing:
ARTICLE VI: Other provisions, if any.	

Fraga Insdustrial S.A.S., represented by Francisco Garcia Diaz

Typed or printed name of signce

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.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- S 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)