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

Email Address: mmooney@pragermetis.com

FLORIDA LIMITED LIABILITY CO.

Evolve Home Collection LLC

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

RECEIVED
2023 OCT 16 AM 9:34
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Evolve Home Collection 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:**777 Brickell Avenue, Ste 420
Miami, FL 33131c/o Prager Metis CPAs
777 Brickell Avenue, Ste 420
Miami, FL 33131**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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:

Prager Metis CPAs, LLC - Marianna Mooney

Name

777 Brickell Avenue, Ste 420Florida street address (P.O. Box **NOT** acceptable)Miami

City

FL 33131

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 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.

Marianna Mooney

Marianna Mooney (Jul 25, 2023 10:05 EDT)

Registered Agent's Signature (REQUIRED)

Prager Metis CPAs, LLC - Marianna Mooney

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member


"MGR" = Manager

AMBR**Name and Address:**Anthony Monaco717 N Highland Avenue, Unit 2Los Angeles, CA 90038AMBRSlim Keskes1530 North Poinsettia Place, Suite 244Los Angeles, CA 90046AMBRVanessa Hsu2010 Voorhees AvenueRedondo Beach, CA 90278

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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 filing.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

Notary Public, State of Florida**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.)

Anthony Monaco

Typed or printed name of signee

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