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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Statu	15			
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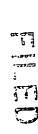
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COVER LETTER

	New Flung Sec Division of Co				i 194	
	GRPW, LL	С				
SUBJEC	T:		me of Lim	ited Liabil	ty Company	<u></u>
The encl	osed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please re	turn all correspo	ondence concernir	ng this mat	ter to the f	ollowing:	
	Gregory Rac	iborski				
				Name of	Person	
	·			Firm/Co	mpany	
	415 N. Hallit	ax Ave, Apt. 214				
	Daytona Bea	ch, FL 32118		Addr	ess	
	rascogr@gma	il.com	Ci	ty/State an	d Zip Code	
	!	E-mail address: (to	o be used	for future a	nnual report notificat	ion)
For furthe	r information co	ncerning this mat	ter, please	call:		
	Gregory Raci	borski	516	5	807-1163	
	Nan	ne of Person	at (Ar	ea Code	Daytime Telephon	e Number
Enclosed	l is a check for t	he following amo	unt:			
□\$125.	00 Filing Fee	□\$130,00 Fili Certificate of \$		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	S\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maitir	ng Address			Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

office of the Limited 415 N Dayto	"L.L.C" or "LLC.") I Liability Company is: Mailing Address: N. Hallifax Ave, Apt. 214 ona Beach, FL 32118 nt's Signature: You must designate an individual o
415 N Dayto c, & Registered Agent in Registered Agent. Y ion.)	Mailing Address: N. Hallifax Ave, Apt. 214 ona Beach, FL 32118 nt's Signature:
Dayto ., & Registered Agent n Registered Agent. Y ion.) ed agent are:	N. Hallifax Ave, Apt. 214 ona Beach, FL 32118 nt's Signature:
Dayto ., & Registered Agent n Registered Agent. Y ion.) ed agent are:	ona Beach, FT. 32118 nt's Signature:
e, & Registered Agent in Registered Agent. Y ion.) ed agent are:	nt's Signature:
n Registered Agent. \ ion.) ed agent are:	
	,
211	
Npt, 214 lss (P.O. Box NOT ac	acceptable)
	32118 P
State	Zip
	·
ייי	FL State rvice of process for the oppointment as register is relating to the proper on as registered agent

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company				
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
AMBR	Gregory Raciborski 41.5 N. Hallifax Ave. Apt. 214			

ARTICLE IV-

Daytona Beach, FL 32118 AMBR MARASY 6 UNIT NO. 6001 AL BATERN, ABUDHABI UNITED ARAB EMIRATES (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filling: 11/01/2023 ____. (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 filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

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.

Grepo-y Raciborski Typed or printed name of signce