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To:

Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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## FLORIDA LIMITED LIABILITY CO. CENTRALIZED CODE LLC

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T.J.H 1-5-24



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	- WILLIA COMPANY
The name of the Limited Liability Company is	
and mainted Liability Company is:	;
- Centralized Code LLC	
The mailing address on 1	
Company is:	principal office of the Limited Liability
3501 NW 9th 6t 3312	26 11
T: 0[ 991,	Miami, Florida
ARTICLE III - Registered Agent, Registered Office	
The name and the Florida street address of the re Company cannot serve as its own Registered Agent. You must designate with an active Florida registration.)	Ce:
Company cannot serve as its own Registered Agent. You must designate with an active Florida registration.)	an individual or another business engine
Alexis Gongora Smith	· · · · · · · · · · · · · · · · · · ·
2-18813 Congora Smith	
- 3501 NW of 4	
3501 NW 9th St 33125 Mi	ami Florida
ARTICLE IV	
The name and title of and	
The name and title of each person authorized to m Liability Company: (MGR or AMBR)	anage and control the Limited
- Novis Conçora Smith (A)	20
- Aloris Conçora Smith (A)	1BR)
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## Required Signatures:

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.

Typed or printed name of signer

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 here by 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..

Registered Agent's Signature (REQUIRED)