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HILE T: New Filing Section Division of Corporations SERJECT: New Haw, 1.1.6 Name of Limited Liability Corporation Street Haw, 1.1.6 Name of Limited Liability Corporation Firm Company Farrah Salem Name of Person Nete Haus, 1.1.0 Firm Company 17670 NW 78 Avenue Address Suite 205 Firm Company 17670 NW 78 Avenue Address Suite 205 Firm Company Tomail address, flue be used for future annual report notifications or further information concerning this matter, please call: Michael Salem at 205 Area Code Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\begin{align*} \text{S125.60 Filing Fee} \text{Certificate of Status} \text{Certificate of Status} \text{Silene Address} \text{Certificate of Status} \text{Silene Address} \text{Certificate of Status} \text{Silene Address} New Filing Section Division of Corporations P.O. Box 6227 Fallaharsee, FL 32314 Fallaharsee, FL 32314			(()	11150			
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ARTICLES OF ORGANIZATION FOR FLORIDATIMITED LIABILITY COMPANY

Nête Haus, LLC.			
(Must cor	ntain the words "Limited	Liability Company.	"L.L.C" or "LLC.")
RTICLE II - Address:			
he mailing address and street	address of the principal o	ffice of the Limited	Liability Company is:
<u>Princi</u>	pal Office Address:		Mailing Address:
17670 NW 78 Aver	iuc	176	70 NW 78 Avenue
Suite 205			e 205
Hialeah, Florida 33			
RTICLE III - Registered As	gent, Registered Office.	& Registered Age	eah, Florida 33015 nt's Signature: You must designate an individual of
RTICLE III - Registered As	gent, Registered Office, by cannot serve as its own active Florida registratio	& Registered Agent. Registered Agent. m.) Lagent are.	nt's Signature:
RTICLE III - Registered As The Limited Liability Compan nother business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration t address of the registered	& Registered Age Registered Agent. in.)	
RTICLE III - Registered As The Limited Liability Compan nother business entity with an	gent, Registered Office, by cannot serve as its own active Florida registration t address of the registered	& Registered Agent. Registered Agent. n.) I agent are. Name	nt's Signature:
RTICLE III - Registered As The Limited Liability Compan nother business entity with an	gent, Registered Office, sy cannot serve as its own active Florida registratio t address of the registered Michael Salem	& Registered Agent. Registered Agent. in.) I agent are. Name	nt's Signature: You must designate an individual (
RTICLE III - Registered As The Limited Liability Compan nother business entity with an	gent, Registered Office, sy cannot serve as its own active Florida registratio t address of the registered Michael Salem	& Registered Agent. Registered Agent. in.) I agent are. Name	nt's Signature: You must designate an individual (

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.

1

Agent's Signature (REQUIRED)

(CONTINUED)

"AMBR" = Authorized Member	
MGR = Manager	
<u> 4MBR</u>	Farrah Salem To TO NW TS Ave Squie 205
	Hialcah, FL 33015
<u> MGR</u>	Michael Salem
	17670 NW 78 Ave Suite 205 Higheab, FL 23015
	THAICAD, IX XVI
	
(Use attachment if necessary) LEV: Effective date, if other than	n the date of filing:
LEV: Effective date, if other than ffective date is listed, the date mo e of filing.) If the date inserted in this block d	ioes not meet the applicable statutory filling requirements, this date will not be
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\$ 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

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

ARTICLE IV-