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Division of Corporations

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From:

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

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FLORIDA LIMITED LIABILITY CO. AMEX DIGITAL DESIGNS LLC

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FEB 22 2024

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FILED

ARTICLES OF ORGANIZATION 2024 FEB 21 PM 4: 22 FOR SECRETARY OF STATE FLORIDA LIMITED LIABILITY COMPANY, AHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LL.C.")

AMEX DIGITAL DESIGNS LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

333 NE 24TH ST Apt 709

Miami, Florida 33137

ARTICLE III - Registered Agent, Registered Office:

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

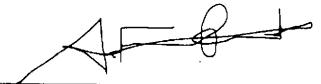
CARLOS M BAEZ 16782 SW 88TH STREET # 434 MIAMI, FLORIDA 33196

ARTICLE IV-

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

ANDRES FELIPE QUINTERO MEMBER

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.

ANDRES FELIPE QUINTERO

Typed or printed name of signee

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 iduties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

- John State of the State of th

Registered Agent's Signature (REQUIRED)