

L24000317587

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FOREING SOLUTION

Account Number : I20200000036

Phone : (786)599-4140

Fax Number : (954)827-2771

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Zyrcadian LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2024 JUL 18 PM 12:00
 RECEIVED
 2024 JUL 18 AM 11:49
 DEPARTMENT OF REVENUE

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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

Zyrcadian LLC

ARTICLE II - Address:

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

7300 W Mcnab Road Suite 220
Tamarac, FL 33321

ARTICLE III - Registered Agent, Registered Office:

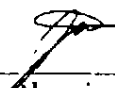
The name and the Florida street address of the registered agent are: *(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)*

Foreign Solution 2.0 LLC
2200 N. Commerce Parkway, Suite 200
Weston, FL 33326

ARTICLE IV-

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

Mario Luis Fuks - MBR
Claudia Victoria Jaitman - MBR
ERICK LEANDRO FUKS - MGR

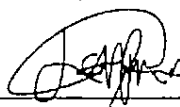
Required Signatures:**Signature of a member or an authorized representative of a member.**

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.

Mario Luis Fuks**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 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)**

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