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	New Filing S Division of C	ection Corporations				
SUBJEC		DY.US, LLC				
TO BOOK	••	Name of Limited Liability Company				
The enclo	sed Articles	of Organization and f	ce(s) are submitt	ed for filing.		
Please ret	urn ali corres	spondence concerning	this matter to the	e following:		
	John Ains	worth, Esq.				
			Name	of Person		
	Ainsworth	a & Clancy, PLLC				
	Firm/Company					
	1826 Ponce de Leon Blvd Address					
	Coral Gat	Coral Gables, FL 33134				
			City/State	and Zip Code		
	into@busii	ness-esq.com E-mail address: (to	be used for futur	e annual report notificati	on)	
For further	information	concerning this matte		·		
	201111111111111111111111111111111111111		305 at (600-3816		
	N	ame of Person	Area Code	Daytime Telephon	e Number	
Enclosed	is a check fo	or the following amou	nt:			
≣ \$125.0	00 Filing Fee	□\$130.00 Filin Certificate of St	atus Cer	155.00 Filing Fee & tiffed Copy onal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address New Filing Section D The Centre of Tallah. 2415 N. Monroe Stre Tallahassee, FL 3230	assec et, Suite 310		

2024 (: 7 > 2 . .

ARDCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is.	
GOSTUDY.US, LLC	e - 2
(Must contain the words "Limited Liabi	aty Company. Dillich, or Closs (
ARTICLE II - Address: The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1826 Ponce de Leon Blvd	1826 Ponce de Leon Blvd
Coral Gables, FL 33134	Coral Gables, FL 33134
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	egistered Agent's Signature: istered Agent, You must designate an individual or
The name and the Florida street address of the registered age	nt are:
Ainsworth & Clancy, Pl.	1.C

Name

1826 Ponce de Leon Blvd Florida street address (P.O. Box <u>NOT</u> acceptable)

Coral GablesF1.33134CityStateZip

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)

(CONTINUED)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR Anton Lescenko 1826 Ponce de Leon Blvd Coral Gables, FL 33134 MGR Jan Konysev 1826 Ponce de Leon Blvd Coral Gables, FL 33134 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (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. REQUIRED 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. Lucia Fuego - Legal Representative

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)