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NAME: FRIENDS OF SPACEPAL LLC

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COVER LETTER

SUBJECT: Friends of SpacePal LLC Name of Limited Liability Company The enclosed Articles of Organization and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person		New Filing Section Division of Corporations		
Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Matias Anchordoqui Name of Person Firm/Company S88 Brickell Key Drive Address Miami, FL 33131 City/State and Zip Code matias, anchordoqui@doublemlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Zagami S108 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: City/State and Zip Code matias, anchordoqui@doublemlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Zagami at ((1415-1-1-2			
Please return all correspondence concerning this matter to the following: Matias Anchordoqui	SUBJEC		imited Liability Company	
Please return all correspondence concerning this matter to the following: Matias Anchordoqui	The enclo	osed Articles of Organization and fee(s)	are submitted for filing.	
Name of Person Name		_	_	
Firm/Company 888 Brickell Key Drive Address Miami, FL 33131 City/State and Zip Code matias.anchordoqui@doublemlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Zagami Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address New Filing Section Division of Corporations Street Address New Filing Section Division of Corporations The Centre of Tallahassee		Matias Anchordoqui		
Address Miami, FL 33131 City/State and Zip Code matias.anchordoqui@doublemlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Zagami Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certificate of Status & Certificate			Name of Person	
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Address Miami, FL 33131 City/State and Zip Code matias.anchordoqui@doublemlaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Stephen Zagami 508 904-6696 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ©\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailing Address New Filing Section Division of Corporations New Filing Section Division of Corporations The Centre of Tallahassee		888 Brickell Key Drive		S
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Stephen Zagami Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: S125.00 Filing Fee Certificate of Status Certificate of Status Mailing Address New Filing Section Division of Corporations S125.00 Filing Fee & Street Address New Filing Section Division of Corporations S125.00 Filing Fee & Street Address New Filing Section Division The Centre of Tallahassee		E-mail address: (to be us	ed for future annual report notificat	ion)
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Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address New Filing Section Division of Corporations Certified Copy (additional copy is enclosed) Street Address New Filing Section Division The Centre of Tallahassee	Enclosed	is a check for the following amount:		
New Filing Section New Filing Section Division Division of Corporations The Centre of Tallahassee	■\$125.0		Certified Copy	Certificate of Status & Certified Copy
Tallahassee, FL 32314 Tallahassee, FL 32303		New Filing Section Division of Corporations P.O. Box 6327	New Filing Section D The Centre of Tallah 2415 N. Monroe Stre	assee eet, Suite 810

Friends of SpacePal LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE I - Name:

The name of the Limited Liability Company is:

The mailin

City

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>Pr</u>	rincipal Office Address:	Mailing Address:
777 Brickell A	venue, Suite 1210	777 Brickell Avenue, Suite 1210
Miami Fl 3313	1	Miami Fl 33131
•	npany camot serve as its own Regi th an active Florida registration.)	istered Agent. You must designate an individual or
The name and the Florida s	street address of the registered ager Katarina Zichy	
The name and the Florida s	street address of the registered ager	
The name and the Florida s	street address of the registered ager Katarina Zichy	me me
The name and the Florida s	street address of the registered ager Katarina Zichy Nai	me FA

State

Zip

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..

> katarina Zich₂ (ov. 14, 2024 18:37 EST) Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Katarina Zichy 777 Brickell Avenue, Suite 1210 MGR_ Miami, FL 33131 (Use attachment if necessary) 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 the document's effective date on the Department of State's records. لت! تئ ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE:

Fafarina 7ichu Yov 14, 2024 18 37 EST)

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.

Katarina Zichy

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)