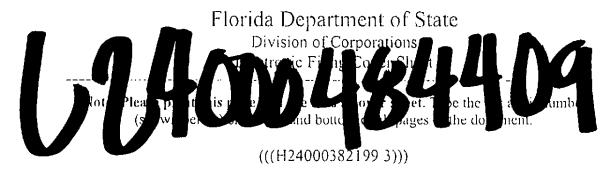
Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6381

From:

tha M. SAnz

Account Name : AVILA RODRIGUEZ HERNANDEZ MENA & GARRO LLP

Account Number : I20070000136 Phone : (305)779-3560 Fax Number : (786)664-3375

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

#### FLORIDA LIMITED LIABILITY CO. SHARRON LEWIS CUSTOM FURNITURE LLC

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# ARTICLES OF ORGANIZATION OF SHARRON LEWIS CUSTOM FURNITURE LLC

The undersigned, being a duly authorized representative of a member, desiring to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes (the 'Act"), does hereby adopt the following Articles of Organization:

#### ARTICLE I NAME

The name of the limited liability company is: SHARRON LEWIS CUSTOM FURNITURE LLC (the "Company")

#### ARTICLE II ADDRESS

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

Principal Office Address:

6454 NE 47<sup>th</sup> Ave

Miami, Florida 33138

Mailing Address:

6454 NE 47<sup>th</sup> Ave

Miami, Florida 33138

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Samuel Cummings 6454 NE 47th Ave Miami, Florida 33138

Having been named as registered agent and to accept service of process for the above 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.

Samuel Cummings

FAX AUDIT No. H24000382199.3

### ARTICLE IV OPERATING AGREEMENT

The power to adopt, alter, amend, or repeal an operating agreement for the Company shall be vested in the Members of the Company.

## ARTICLE V MANAGEMENT

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

Title: Name and Address:

Manager Samuel Cummings
6454 NE 47th Ave
Miami, Florida 33138

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Organization as of the 18th day of November, 2024.

René V, Murai. Authorized Representative