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	GEN MANAGEN		VICES, LLC		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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The name of the Limited Liability Company is:

NexGen Management Services, LLC

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

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2033 Wood Street, Suite 220	2033 Wood Street, Suite 220
Sarasota, FL 34237	Sarasota, FL 34237

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

ARTICLE III - Registered Age (The Limited Liability Company		e		individua].or	2024	
another business entity with an a	ctive Florida registratio	on.)	-		DEC	1
The name and the Florida street a	address of the registered	d agent are:			26	र स्वयः इ.स.च्याः इ.स.च्याः
	Alina Nagdimunov			(***	AH	j 9 (
		Name		ידי). הם:	ي <u>ت</u> ب	5
	2033 Wood Street, S	Suite 220			5	
	Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)			
	Sarasota	FL	34237			
	City	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.,



(CONTINUED)

ARTICLE IV-

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

AMBR	Alina Nagdimunov 2033 Wood Street, Suite 220 Sarasota, FL 34237
AMBR	Vilia Dragovoy 2033 Wood Street, Suite 220 Sarasota, FL 34237
	; •
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(If an effective date is listed, the date must be specific and cannot be more than five business days prior to 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.

REQUIRI	D SIGNATURE: Alina Naglimunov
	Signature of a member or an authorized representative of a member.
	This document is executed in accordance with section 605.0203 (1) (b). Florida Statute I am aware that any false information submitted in a document to the Department of Stat constitutes a third degree felony as provided for in s.817.155, F.S.
	Alina Nagdimunov
	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)