

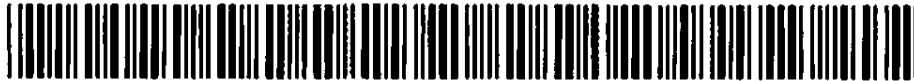
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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : MB21, LLC
Account Number : I20230000027
Phone : (786)992-8717
Fax Number : (305)859-7859

****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.
BIG SPORTS USA, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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2025 JAN 13 AM 9:16

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2025 JAN 13 PM 4:04

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

BIG SPORTS USA, LLC.

(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:12260 SW 132ND CT ST 113
MIAMI, FL 33186**Mailing Address:**12260 SW 132ND CT ST 113
MIAMI, FL 33186**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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.)

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

MAMONE VILLALON PLLC

Name

75 Valencia Suite 300Florida street address (P.O. Box **NOT** acceptable)CORAL GABLES

City

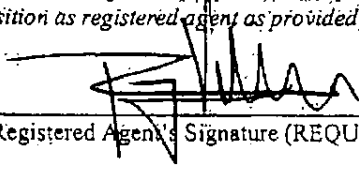
FL

State

33134

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.


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

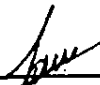
"MGR" = Manager

Name and Address:AMBRJOHN F. IDARRAGA CASTANO
12260 SW 132ND CT SUITE 113
MIAMI, FL 33186MGRJUAN C. RUA FLECHAS
5405 MCKINLEY ST
HOLLYWOOD, FL 33021MGRJESSIKA E. ORREGO VILLA
5405 MCKINLEY ST
HOLLYWOOD, FL 33021FILED
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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/01/2025. (OPTIONAL)

(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.JOHN F. IDARRAGA CASTANO

Typed or printed name of signer