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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VP ACCOUNTING AND SERVICES LLC

Account Number : I20240000138 Phone : (786)518-0497 Fax Number : (786)667-5135

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

Email Address:___

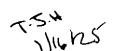
FLORIDA LIMITED LIABILITY CO. MR KUSTMANNBOSS LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MR KUSTMANNBOSS 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:

Mailing Address:

IS NW 9TH ST CIR APT 403
MLFL 33172

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:

PAULO ANDRES I	FARIAS REYES	
	Name	
10288 NW 9TH ST	CIR APT 403	
Florida street addre	ss (P.O. Box <u>NOT</u> acce	ptable)
MIAMI	FLORIDA	33172
Circ	State	Zin

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..

Pauto Andres Farius Royes (Jan 11, 7075 12:22 ES1)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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\$ 5.00 Certificate of Status (Optional)

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

"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	PAULO ANDRES FARIAS REYES
	10288 NW 97H ST CIR APT 403 MIAMI FL 33172
	oman 1 0 5217 =
	
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