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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email	Address:		

FLORIDA LIMITED LIABILITY CO. LESYANI SERVICES LLC

Certificate of Status	1			
Certified Copy	0			
Page Count	03			
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ARTICLE 1 - Name:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

LESYANI Anaisa Aevolta Connerso
Typed or printed name of signee

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 invalue.

Registered Agent's Signature (REQUIRED)

SECRETARY OF IATE NVISION TO PH 5: 11