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Account Number : T201900001.23 Phone : (305)928-1137 Fax Number : (786)349-4952

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Email Address: <u>Lar/mansfayahoo</u>. com

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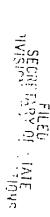
FLORIDA LIMITED LIABILITY CO. ESTEVES SOUND SOLUTIONS LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability	Company is:		
Esteves Sound S (Must contain		d Liability Company,	"L L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	lress of the principal	affice of the Limited	Liability Company is:
Principal	Office Address:		Malling Address:
3636 NE 1st AVE Apt 1008 Miami FL 33137 ARTICLE III - Registered Agen	t, Registered Office	San	nt's Signature:
(The Limited Liability Company of another business entity with an ac	annot serve as its ov	m Registered Agent.	You must designate an individual or
The name and the Florida street ac	ldress of the register	ed agent are:	
	Carlos Esteve	S Name	
	3635 NE 1st AVE		
	Florida street addr	ess (P.O. Box <u>NOT</u> A	cceptable)
	Miami	FĻ	33137
	City	State	Žip

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)

2024 JUL 26 PH 1. 11

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	Carlos Esteves
IWOR	3835 NE 151 AVE Apt 1008
	Miami, FL 33137
	<u></u>
effective date is listed, the date must b	date of filing:
CLE V1: Other provisions, if any. uspose of the limited liability company is to en	ngage in any lawful activity for which a limited liability company may be organized
REQUIRED SIGNATURE:	
& Charle	
Signature of This document is exit am aware that any	a member or an authorized representative of a member, accuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.
Signature of This document is exit am aware that any	recuted in accordance with section 605.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree felony as provided for in \$.817.155, F.S.