

8/14/24, 1:32 PM

Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
CTO XLABS, LLC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$155.00

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Corporate Filing Menu

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2024 AUG 14 PM 3:49
DIVISION OF STATE

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I- Name

CTO xLabs, LLC.

ARTICLE II- Address:

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

Principal Office Address

**8001 NW 41 STREET
SUITE 407
DORAL, FLORIDA 33166**

Mailing Address

**8001 NW 41 STREET
SUITE 407
DORAL, FLORIDA 33166**

ARTICLES III-

Other provisions if any

ANY PURPOSE

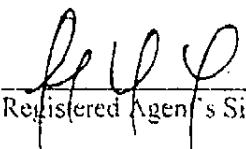
ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)

(The Liability Company cannot serve as its own Register 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:

**FERNANDO ESCOBAR
8001 NW 41 STREET
SUITE 407
DORAL FLORIDA 33166**

Having been named as register 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 register 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 register agent as provided for in Chapter 605 FS



Registered Agent's Signature (REQUIRED)

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2024 AUG 14 PM 3:49

ARTICLES V- Manager [s] or Managing Member [s] of each Manager or Managing Member is as follows:

Title:

FERNANDO ESCOBAR
8001 NW 41 STREET
SUITE 407
DORAL FLORIDA 33166

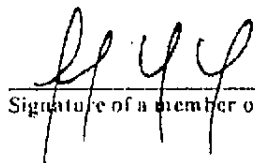
AMBR

MONICA ESCOBAR
8001 NW 41 STREET
SUITE 407
DORAL, FLORIDA 33166

AMBR

ARTICLE VI: effective date, if other than the date filing 08/14/2024 (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 filing)

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 third degree felony as provided for in s. 817.155, F.S.

FERNANDO ESCOBAR