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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

Algo Advance LLC

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

Page: 2/3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Algo Advance LLC

(Must conatin 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:

 3300 NE 192nd St, Apt 1008
 3300 NE 192nd St, Apt 1008

 Aventura, FL 33180
 Aventura, FL 33180

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:

Max Abecera		
	Name	
3300 NE 192nd St,	Αρι 1008	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	eceptable)
Aventura	FL	33180
City	State	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..

/s/:Мах/Явесега Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:
AMBR AMBR	Max Abecera 3300 NE 192nd St, Apt 1008 Aventura, FL 33180
	SECRETARY FALLAHASSI
	PH 4: 45
(Use attachment if necessary)	
(If an effective date is listed, the date mu the date of filing.)	the date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
	/s/ Max Abecen:
This document i I am aware that	of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.
Max Abe	cera
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)