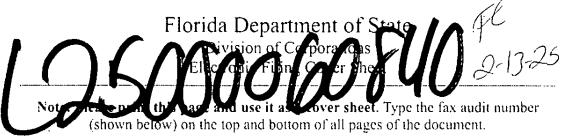
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Division of Corporations



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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077

: (845)818-3588 Fax Number

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

FLORIDA LIMITED LIABILITY CO. ACTS 1925 LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

ACTS 1925 LLC

(Must end with 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:

c/o Carrasquillo Law Group P.C.	c/o Carrasquillo Law Group P.C.
111 North Orange Avenue, Suite 800	111 North Orange Avenue, Suite 800
Orlando, FL 32801	Orlando, FL 32801

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:

Voorp Agent Service	es, Inc.	
	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> ac	eceptable)
Plantation	FL	33324
City	State	Zip

Florida street address (P.O. Box SOT acceptable)

Plantation FL 33324

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 use in this certificate. Thereby accept the appointment as registered agent and agree to use in this certificate. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605. F.S., =

> Mimi Sanik Registered Agent's Signature (REQUIRED)

> > (CONTINUED)

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Title; "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	Aline Souza, c/o Carrasquillo Law Group P.C.	
	111 North Orange Avenue, Suite 800	
	Orlando, FL 32801	
		
		
(Use attachment if necessary)		
	of filing: (OPTIONAL)	
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