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3	U1S, LLC CORPORATE NAME AND DOCU	JMENT #)	
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ECIAL I	NSTRUCTIONS:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: 3U1S, 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:

10648 GAWSWORTH PT

ORLANDO, FL 32832

ORLANDO, FL 32832

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (1)

The name and the Florida street address of the registered agent are:

SILVIA BELTRAN 10648 GAWSWORTH PT ORLANDO, FL 32832

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/Silvia Beltran	
Registered Agent's Signature	

(CONTINUED)

ARTICLE IV- Members/Managers

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR OLGA LUCIA MONZON GOMEZ KM 2.2 VIA EL CAIMO AEROPUERTO CONDOMINIO PORTOFINO, CASA 27 ARMENIA, QUINDIO COLOMBIA 630008 FLAVIO ENRIQUE ULLOA ECHEVERRY **AMBR** CONDOMINIO PORTOFINO, CASA 27 ARMENIA, QUINDIO COLOMBIA 630008 **AMBR** ANA CAROLINA ULLOA MONZON: 5559 THORN LANE BURLINGTON, ONTARIO, CANADA-L7L 6V9 NICOLAS SAAVEDRA GOMEZ **AMBR** 5559 THORN LANE BURLINGTON, ONTARIO, CANADA L7L 6V9

ARTICLE V: EFFECTIVE DATE

The effective date of this filing is February 21, 2025.

REQUIRED SIGNATURE:

/S/ ANA CAROLINA ULLOA MONZON

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

ANA CAROLINA ULLOA MONZON

Typed or printed name of signee