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FLORIDA LIMITED LIABILITY CO.  
NOA POWERFITS LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name: The name of the Limited Liability Company is:

NOA Powerfits LLC

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:

6260 NW 111 Terrace, FL, Hialeah 33012

ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.)

Jose Leonardo Arcia 1300 W 47th PL Apt 119 hialeah, FL 33012

ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Jose Leonardo Arcia (AMBR) Yohan Noa (AMBR)

**Required Signatures:**

*Jose Arcia*  
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

JOSE LEONARDO ARCIA  
Typed or printed name of signee

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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..

*Jose Arcia*  
Registered Agent's Signature (REQUIRED)