

L21000083069

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.
MOZ X GROUP LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

MOZ X GROUP LLC

ARTICLE II - Address:

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

Mailing address: 8200 NW 41ST STREET SUITE 200 DORAL FL. 33166

Street address of the principal office: 8200 NW 41ST STREET SUITE 200 DORAL FL. 33166

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.)*

AP BUSINESS CONSULTING LLC, 8850 NW 97TH AVE, # 201, DORAL FL, 33178

ARTICLE IV-

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

Title: MGR
Glenci Trinidad Carvillo Salazar
8200 NW 41ST STREET SUITE 200 DORAL FL. 33166

Title: MGR
Narciso Rivas Pérez
7565 SW 152 AVE 112 Miami, FL 33193

Required Signatures:

DocuSigned by:
Narciso Rivas
C2969415DEB34A9

Signature of a member or an authorized representative of a member.

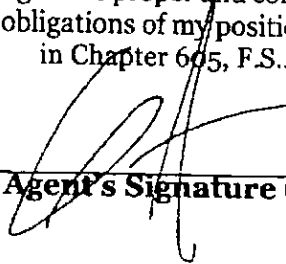
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Narciso Rivas Perez

Typed or printed name of signee

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..

Registered Agent's Signature (REQUIRED)



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SECRETARY OF STATE
TALLAHASSEE, FL

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