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(H220000143183))



H220000143183ABCV

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : SALOMON B. ESQUENAZI, P.A.  
Account Number : I20130000020  
Phone : (954)989-4995  
Fax Number : (954)989-4991

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

Email Address: corporate@esquenazi-law.com

FLORIDA LIMITED LIABILITY CO.  
Washa Washa LLC

Certificate of Status	1
Certified Copy	1
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FILED  
2022 JAN 12 AM 10:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
AH10:06

Audit No.: H22000014318 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. Name**

The name of the Limited Liability Company is:

**Washa Washa LLC**

**ARTICLE II. – Addresses**

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

1000 Island Blvd.,  
Suite 2803,  
Aventura, FL 33160

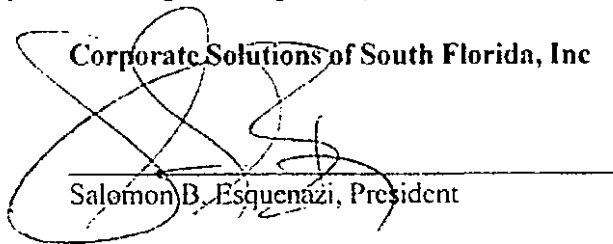
**ARTICLE III. – Registered Agent, Registered Office, & Registered Agent’s Signature:**

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

**Corporate Solutions of South Florida, Inc.**  
4651 Sheridan Street, Suite 355,  
Hollywood, Florida 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605.

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**Corporate Solutions of South Florida, Inc**  
  
Salomon B. Esquenazi, President

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This instrument was prepared by:  
Salomon B. Esquenazi, P.A.  
4651 Sheridan Street, Suite 355  
Hollywood, Florida 33021  
(954) 989-4995

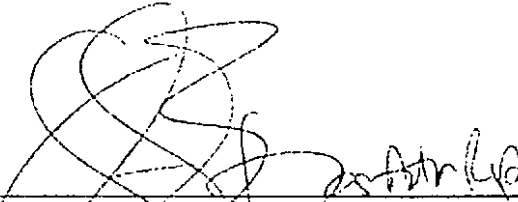
Audit No. H22000014318 3

**ARTICLE IV. – Management**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The names and addresses of the managers who are to serve as initial managers are:

**Jalife Cababie, Samuel**  
1000 Island Blvd.,  
Suite 2803,  
Aventura, FL 33160

**Czuckerberg Nankin, Ricardo**  
1000 Island Blvd.,  
Suite 2803,  
Aventura, FL 33160



Signature of a member or 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.)

4873-6596-6345, v. 1

**FILED**  
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**TALLAHASSEE, FLORIDA**

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