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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 922-4003

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

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TALLAHASSEE, FLORIDA

00 JUN 19 AM 9:04

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LIMITED LIABILITY COMPANY

C.B. COMMUNITIES HOLDINGS, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUN 19 PM 1:33

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ARTICLES OF ORGANIZATION

FOR

C.B. COMMUNITIES HOLDINGS, LLC

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

C.B. COMMUNITIES HOLDINGS, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is:  
3822 West 12th Avenue, Hialeah, Florida 33012.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such managers are:

Maurice Cayon  
3822 West 12<sup>th</sup> Avenue  
Hialeah, Florida 33012

Jose R. Boschetti  
2901 S.W. 8<sup>th</sup> Street  
Suite 204  
Miami, Florida 33135

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ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

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ARTICLE VI - MEMBER'S RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.



\_\_\_\_\_  
Signature of a member or an authorized representative of a member

(In accordance with section 601.406(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



\_\_\_\_\_  
Marisa Cayon, as Manager

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**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is:  
C.B. COMMUNITIES HOLDINGS, LLC
- 2. The name and the Florida street address of the registered agent are:


PEDRO A. MARTIN, ESQ.  
NAME

Greenberg Traurig, P.A.  
1221 Brickell Avenue, Suite 2100  
Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131  
CITY, STATE AND ZIP

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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.*

  
SIGNATURE

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