

**L04000019827**Florida Department of State  
Division of Corporations  
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## To:

Division of Corporations  
Fax Number : (850) 205-0383

## From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696**LIMITED LIABILITY COMPANY****46 ACRES, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION**

**FOR**

**46 ACRES, LLC**

**ARTICLE I. - NAME:**

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

**46 ACRES, LLC**

**ARTICLE II. - ADDRESS**

The mailing address and street address of the principal office of the Company is: c/o Jose R. Boschetti, 2901 SW 8 Street, Suite 204, Miami, Florida 33135

**ARTICLE III. - MANAGEMENT**

The Company shall be a manager-managed limited company, and its manager or managers shall be appointed and serve in the manner provided in the Company's operating agreement.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
\_\_\_\_\_  
Signature of a Member Representative

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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: 46 ACRES, LLC
2. The name and the Florida street address of the registered agent are:

Jose R. Boschetti  
2901 SW 8 Street, Suite 204  
Miami, Florida 33135

*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 608, F.S.*

SIGNATURE

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