

Florida Department of State  
Division of Corporations  
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**LO7000046472**

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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

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TALLAHASSEE, FLORIDA

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

455 grand bay drive #204, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

H07000119846

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

455 Grand Bay Drive #204, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

901 Brickell Key Blvd., #2308  
Miami, FL 33131

**Mailing Address:**

901 Brickell Key Blvd., #2308  
Miami, FL 33131

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Jose L. Carvalho

Name

901 Brickell Key Blvd., #2308

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 as provided for in Chapter 688, Florida Statutes.*

X   
Registered Agent's Signature

Page 1 of 1  
(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGR

Joao L. Carvalho  
901 Brickell Key Blvd., #2108  
Miami, FL 33131

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

Joao L. Carvalho  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.106(3), Florida Statute, the execution of this document constitutes an admission under the penalties of perjury that the facts stated herein are true.)

X JOAO L. CARVALHO  
Typed or printed name of signor

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