

L16000056802

Florida Department of State
Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
893 @ SHORECREST INVESTMENT GROUP LLC.**

Certificate of Status	1
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TALLAHASSEE, FLORIDA

N. Gulligan
MAR 23 2016

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

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

893 @ Shorecrest Investment Group LLC.

ARTICLE II - Address:

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

6900 Biscayne Blvd. #8
Miami, FL 33138

16 MAR 22 AM 11:31
STATE OF FLORIDA
TALLAHASSEE

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.)

The 69th Group Property Management LLC.
6900 Biscayne Blvd. #8
Miami, FL 33138

ARTICLE IV-

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

- 65% Letter Family Irrevocable Trust. (AMBR)
- 35% Robert Rodriguez (AMBR)
- 5% 893 NE 81st Pnto, LLC (member)

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Required Signatures:



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

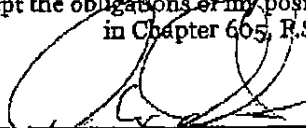
In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree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

Alex Leiter

Typed or printed name of signee

16 MAR 22 AM 11:00
SECRETARY OF STATE
TALLAHASSEE

Having been named as registered agent and to accept service of process for the above state 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)

Alex Leiter

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