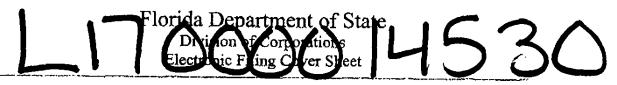
3052201440



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000019169 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number : (305)575-5944

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

Email:	Address:				

FLORIDA LIMITED LIABILITY CO. **AVANTI 18 INVESTORS, LLC**

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
Estimated Charge	\$130.00		

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: CA168683-800A-4681-97EF-5C4AF6E52089

H17000019169

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Avanti 18 Investors, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

11251 NW 20th Street Suite 119 Miami, Fl 33172 11251 NW 20th Street Suite 119 Miami, FL 33172

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

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

Mariano Gonzalez Baroldi

11251 NW 20th Street, Suite 119 Miami, FL 33172

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 605, F.S.

—DocuSigned by:

mariano gonzalez

19/01/2017

54285C1D676548D,.

Registered Agent's Signature

(CONTINUED)
Page 1 of 2

H17000019189

17 JAN 20 AM 8: L:

DocuSign Envelope ID: CA168683-600A-4681-97EF-5C4AF6E52089

W17000019189

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGR

Juan C. Gonzalez Baroldi

MGR

Carlotta Francesca De Lio

MGR

Juan C. Gonzalez Baroldi

REQUIRED SIGNATURE:

-- DocuSigned by:

mariano gonzalez

19/01/2017

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.)

Mariano Gonzalez Baroldi

Typed or printed name of signee