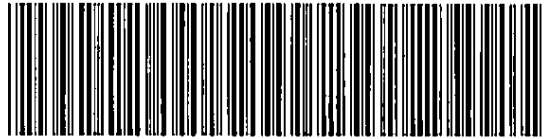


L19 000000 3074



100322798781

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON

JAN 07 11

FILED
19 JAN - 4 AM 10:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
19 JAN - 4 PM 4:03
DIVISION OF CORPORATE REGISTRATION
TALLAHASSEE FLORIDA

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 1/4/18

NAME: MIAMI HOME LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

FILED
19 JAN - 4 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FL 32301

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

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

ARTICLE I NAME

The name of the Limited Liability Company is:

MIAMI HOME LLC

ARTICLE II ADDRESS

The principal address of the Limited Liability Company is:

2332 GALIANO STREET 2ND FLOOR
CORAL GABLES, FLORIDA 33134

The mailing address of the Limited Liability Company is:

PO BOX 45-2700
MIAMI, FLORIDA 33245

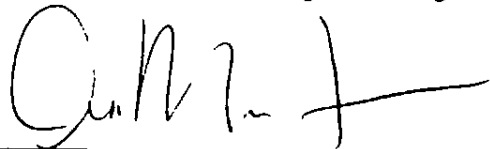
FILED
19 JAN - 4 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III REGISTERED AGENT

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

ANN MARIA FERRAO
7454 SW 52ND AVENUE
MIAMI, FLORIDA 33143

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.

X 

ANN MARIA FERRAO / Registered Agent's signature

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

ANN MARIA FERRAO

PO BOX 45-2700

MIAMI, FLORIDA 33245

AUTHORIZED MEMBER

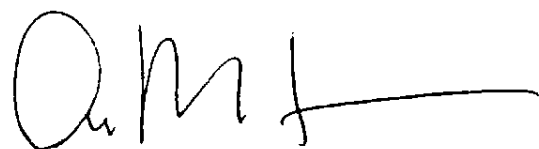
JOSEPH A SCIONTI

PO BOX 45-2700

MIAMI, FLORIDA 33245

FILED
19 JAN - 4 AM 10:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

.....

X 
ANN MARIA FERRAO / Authorized Representative's signature

(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.)