12/3/2020

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RICHARDS & PARTNERS, P.A.

Account Number : I20110000091 Phone : (305)858-9900 Fax Number : (305)285-0015

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

FLORIDA LIMITED LIABILITY CO. WINCORP PLAZA LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$125.00 |

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T. SCOTT

33133

Zip

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| ARTICL | ESOFORGANIZATION FOR FLOR | RIDA LIMITED LIABILITY COMPANY |
| ARTICLE I - Name: The name of the Limited Li | ability Company is: | |
| WINCORP PL | AZA LLC | |
| | | lity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and str | reet address of the principal office | of the Limited Liability Company is: |
| <u>Pr</u> | incipal Office Address: | Mailing Address: |
| 19333 COLLIN | IS AVE. APT. 2705 | 19333 COLLINS AVE. APT. 2705 |
| SUNNY ISLES | BEACH, FL 33160 | SUNNY ISLES BEACH, FL 33160 |
| (The Limited Liability Con | d Agent, Registered Office, & R pany cannot serve as its own Reg h an active Florida registration.) | egistered Agent's Signature; istered Agent. You must designate an individual or |
| The name and the Florida s | treet address of the registered age | nt are: |
| ; | WORLD CORPORATE | SERVICES INC |
| • | Na | me |
| <u>:</u> : | 2665 S BAYSHORE DR | SUITE 703 |
| , | Florida street address (P. | O. Box NOT acceptable) |

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 695, F.S.

State

<u>MIAMI</u>

City

(CONTINUED)

Registered Agent's Signature (REQUIRED)

2020 DEC -3 AM 8: 58

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member | |
| "MGR" = Manager | |
| MGR | JACOBO ALEX TOLEDANO ABADI |
| | 19333 COLLINS AVE. APT. 2705 SUNNY ISLES BEACH, FL 33160 |
| : | SOMAT ISSESS DESCRIPTION OF STREET |
| MGR | FORTUNA TANI FREWA DE TOLEDANO |
| WCK | 19333 COLLINS AVE. APT. 2705 |
| : | SUNNY ISLES BEACH, FL 33160 |
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| (Use attachment if necessary) | |
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| The name and address of each person authorized to | manage and control the Limited Liability | Company: |
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|---|--|----------|

| AMBR" = Authorized | - A . |
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| | Member |
| MGR" = Manager | |
| MGR | JACOBO ALEX TOLEDANO ABADI |
| | 19333 COLLINS AVE. APT. 2705 |
| | SUNNY ISLES BEACH, FL 13160 |
| ; | |
| MGR | FORTUNA TANI FREWA DE TOLEDANO |
| 1 | 19333 COLLINS AVE. APT. 2705 SUNNY ISLES BEACH, FT. 33160 |
| • • | SUNNY ISLES BEACH, FL 33100 |
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