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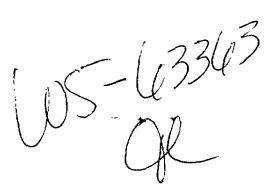
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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TRANSMITTAL LETTER

TO: Registration Se Division of Con			
SUBJECT: CIP GRO	OUP OF HOMESTEAD II, LI	_C	
	(Name of Limited	l Liability Company)	
The enclosed Articles of	f Organization and fee(s) are so	abmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	LUIS A. ESPIN	NO, LLP	
	1)	lame of Person)	
	ARNSTEIN & LI	EHR LLP	
	(1	Firm/Company)	
	201 S. BISCAYNE BO	OULEVARD, SUITE 400	
		(Address)	
	MIAMI, FLO	RIDA 33131	
	(City/	State and Zip Code)	
For further information	concerning this matter, please	call:	
LUIS A. ESPINO		at (305) 374-3330	
(Name	of Person)	(Area Code & Daytime Te	elephone Number)
Enclosed is a check for	or the following amount:		
☐ \$125.00 Filing Fee	ℤ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CIP GROUP OF HOMESTEAD II, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Alejandro G. Sanchez 9350 S. Dixie Highway, Suite 1480 Miami, Florida 33156 ARTICLE III - Registered Agent, Registered	Alejandro G. Sanchez 9350 S. Dixie Highway, Suite 1480 Miami, Florida 33156 Office, & Registered Agent's Signature:
The name and the Florida street address of the re	egistered agent are:
Luis A. Espino, Esq.	
Name	
201 S. Biscayne Boulevard, S	Suite 400
Florida street addi	ess (P.O. Box <u>NOT</u> acceptable)
Miami, Florida 33131	FL
City, State, and	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited its certificate, I hereby accept the appointment as . I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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" = Manag "MGRM" = Man	
MGRM	Genaro R. Garcia
	8603 S. Dixie Highway, Suite 208
	Miami, Florida 33143
MGRM	Alejandro G. Sanchez
	9350 S. Dixie Highway, Suite 1480
	Miami, Florida 33156
(Use attachment	if necessary)
NAMES A 13	
NOTE: An add	itional article must be added if an effective date is requested.
REQUIRED SIG	NATURE:
Q 0 0 1 ··	
	Signature of a member or an authorized representative of a member.
	(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
	Alejandro G. Sanchez
	Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)