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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

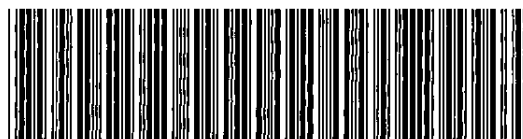
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EXAMINER



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TALLAHASSEE, FLORIDA

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

643-45 NW 20<sup>th</sup> Street, LLC

Signature

Requested by:

Name

Date

Time

WL 8/14 11:00

Art of Inc. File \_\_\_\_\_  
LTD Partnership File \_\_\_\_\_  
Foreign Corp. File \_\_\_\_\_  
✓ L.C. File \_\_\_\_\_  
Fictitious Name File \_\_\_\_\_  
Trade/Service Mark \_\_\_\_\_  
Merger File \_\_\_\_\_  
Art. of Amend. File \_\_\_\_\_  
RA Resignation \_\_\_\_\_  
Dissolution / Withdrawal \_\_\_\_\_  
✓ Annual Report / Reinstatement \_\_\_\_\_  
Cert. Copy \_\_\_\_\_  
Photo Copy \_\_\_\_\_  
Certificate of Good Standing \_\_\_\_\_  
Certificate of Status \_\_\_\_\_  
Certificate of Fictitious Name \_\_\_\_\_  
Corp Record Search \_\_\_\_\_  
Officer Search \_\_\_\_\_  
Fictitious Search \_\_\_\_\_  
Fictitious Owner Search \_\_\_\_\_  
Vehicle Search \_\_\_\_\_  
Driving Record \_\_\_\_\_  
UCC 1 or 3 File \_\_\_\_\_  
UCC 11 Search \_\_\_\_\_  
UCC 11 Retrieval \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
OF  
643-45 NW 20TH STREET, LLC**

**ARTICLE I            NAME**

The name of the limited liability company shall be: **643-45 NW 20TH STREET, LLC**

**ARTICLE II            EXISTENCE AND DURATION**

The existence of the limited liability company shall be perpetual.

**ARTICLE III           PURPOSE**

This limited liability company is organized for the purpose of investment in real property and other financial assets, including the purchasing, owning, holding, improving, using, dealing in, managing, selling, mortgaging, pledging, leasing, exchanging, transferring and disposing of property, both real and personal and wherever situated, and shall have all powers necessary or convenient to effect any or all of the purposes for which the company is organized.

**ARTICLE IV           PRINCIPAL PLACE OF BUSINESS**

The mailing and street address of the principal office of the limited liability company is:  
**2901 NW 7<sup>th</sup> Avenue, Miami, FL 33127.**

**ARTICLE V            INITIAL REGISTERED AGENT**

The initial registered agent and street address of the initial registered agent of the limited liability company shall be: **EDUARDO BOFIL, 2901 NW 7<sup>th</sup> Avenue, Miami, FL 33127.**

**ARTICLE VI           MANAGEMENT**

The limited liability company is to be managed by one or more managers and is, therefor, a manager managed company. The initial mangers are: **EDUARDO BOFIL and BETSY FUNDORA.**

In accordance with 608.408(3) F.S. the undersigned member by execution of this affidavit affirms under the penalties of perjury that the facts stated herein are true. Executed by the undersigned member at Miami, Florida this 30 day of May, 2008.

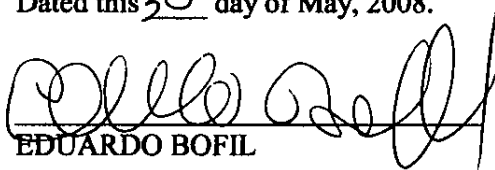
  
\_\_\_\_\_  
**EDUARDO BOFIL as TRUSTEE, MEMBER**

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**CERTIFICATE OF ACCEPTANCE OF  
REGISTERED AGENT/REGISTERED OFFICE**

Having been named as registered agent of 643-45 NW 20TH STREET, LLC to accept service of process for such limited liability company at the place designated in this certificate, the undersigned accepts such appointment and agrees to act in such capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent.

Dated this 30 day of May, 2008.

  
EDUARDO BOFIL

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