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To:

Division of Corporations

Fax Number : (850) 617-6383

**FILED** Jul 11, 2014 08:00 AM **Secretary of State** 

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

_			
Ema	īΙ	Address:	

## FLORIDA LIMITED LIABILITY CO. 3X LOCATION, LLC

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

#7403, P.002/003 #140 @0165957

## FILED Jul 11, 2014 08:00 AM **Secretary of State**

ARRICHSOFURGANIZATION	A HOR HTOKINY TIMILED TTYBITLIA COMBANA
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
3X LOCATION, LLC	
(Must.end with the words "Li	imited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the princ	elpal office of the Limited Liability Company is:
Principal Office Address;	Malling Address:
2451 BRICKELL AVE #16H	2451 BRICKELL AVE #16H
MIAMI, FL 33129	MIAMI, FL 33129
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Agent. You must designate an individual of
The na no and the Florida street address of the regis	stered agent are:
PEDERICO NIMHA	Auser
7	Name

2451 BRICKELL AVE #16H Florida street address (P.O. Box NOT acceptable)

33129 MIAMI City Zip

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 cupacity. 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 ubligations of my position as registered agent as provided for in Chapter 605. F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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05/22/2032 04:09

## H 1 4 0 0 0 1 6 5 9 5 7

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	MICHEL KULCSAR
AMBR	802 SW 24 RD
•	MIAMI,FL 33129
AMBR	FEDERICO NIMHAUSER
	2451 BRICKELL AVE # 16H
	MIAMI,FL 33129
,	
	•
tive date is listed, the date must be s filing.)  VI: Other provisions, if any.	the of filing:
V: Effective date, if other than the dative date is listed, the date must be sfilling.) VI: Other provisions, if any.	the of filing:

Page 2 of 2