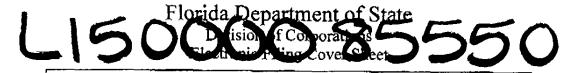
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000117694 3)))



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To:

Effective Date

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : DORAL NOTARY CORPORATE FILING, INC

Account Number : I20120000057 Phone : (305)436-0979 Fax Number : (305)470-9600

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

Email Address:

FLORIDA LIMITED LIABILITY CO. TRULY CUBA, LLC. Certificate of Status 0 Certified Copy 1 Page Count 03 Estimated Charge \$155.00

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Corporate Filing Menu

H15000117694 Effective Date 5/14/15

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Li	ability Company is:			
TRULY CUBA				
(Must	end with the words "Limited	I Liability Company,	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and str	eet address of the principal c	ffice of the Limited	Liability Company is:	
Principal Office Address:			Mailing Address:	
	VENT!É			
3900 NW 79 A				
3900 NW 79 A SUITE 634	VENGE			
SUITE 634 DORAL, FL 33 ARTICLE III - Registered	166 1 Agent, Registered Office,			
SUITE 634 DORAL, FL 33 ARTICLE III - Registered (The Limited Liability Commonther business entity with	166 Agent, Registered Office, ipany cannot serve as its own han active Florida registration treet address of the registere.	Registered Agent. \ on.) d agent are;	t's Signature: You must designate an individual or	
SUITE 634 DORAL, FL 33 ARTICLE III - Registered (The Limited Liability Community Community Community With	166 Agent, Registered Office, ipany cannot serve as its own han active Floridz registration	Registered Agent. \ on.) d agent are;		
SUITE 634 DORAL, FL 33 ARTICLE III - Registered (The Limited Liability Community Community Community With Community	166 Agent, Registered Office, ipany cannot serve as its own han active Florida registration treet address of the registere.	Registered Agent. \ on.) d agent are; \(\text{NDEZ} \) \(\text{Name} \)		
SUITE 634 DORAL, FL 33 ARTICLE III - Registered (The Limited Liability Community Community Community With Community	166 Agent, Registered Office, apany cannot serve as its own than active Florida registration treet address of the registere MARLENE FERNA	Registered Agent. \ on.) d agent are; NNDEZ Name UE SUITE 634	You must designate an individual or	
SUITE 634 DORAL, FL 33 ARTICLE III - Registered (The Limited Liability Comanother business entity with	166 A Agent, Registered Office, apany cannot serve as its own in an active Florida registration treet address of the registere MARLENE FERNA 3900 NW 79 AVEN	Registered Agent. \ on.) d agent are; NNDEZ Name UE SUITE 634	You must designate an individual or	

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETARY OF STATE

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The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR VICTOR HERRERA ZENIL 3900 NW 79 AVENUE SUITE 634 DORAL, FL 33166 MGR EDUARDO SABIO RAMOS 3900 NW 79 AVENUE SUITE 634 **DORAL, FL 33166** MGR **GARY ROBERTO GONZALEZ** 3900 NW 79 AVENUE SUITE 634 DORAL, FL 33166 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. (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.) EDUARDO SABIO RAMOS 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)

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