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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

BOCHI, LLC

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

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PAGE 01/04

7/26/2016 11:38:11 AM PAGE 1/001 Fax Server



July 26, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: BOCHI, LLC
REF: W16000051870

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

If you have any further questions concerning your document, please call (850) 243-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000178175
Letter Number: 416A00015582

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bochi, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:141 Sevilla Avenue
Coral Gables, Florida 33134Mailing Address:141 Sevilla Avenue
Coral Gables, Florida 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Valentin Lopez c/o Lopez and Partners, LLC

Name

2600 Douglas Road, Suite 811Florida street address (P.O. Box NOT acceptable)Coral Gables FL 33134

City, State, and 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 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)

Page 1 of 2

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H16000178175

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

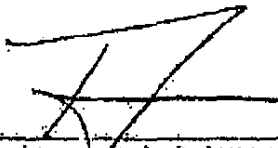
"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMTim Linehan141 Sevilla AvenueCoral Gables, FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 18, 2016 (OPTIONAL)
(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.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tim Linehan_____
Typed or printed name of signerFILED
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