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(Reques	stor's Name)
(Addres	ss)
(Addres	ss)
(City/St	ate/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busine	ess Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
Special Instructions to Filin	g Officer:

Office Use Only

N. SAMS APR 2 0 2017



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COVER LETTER

TO:	Registration S Division of Co				
SUBJI	rct.	3644	MIN	41 LLC	· ·
30181		(Name of Limite	d Liabi	lity Comp	pany)
The en	closed Articles of	Organization and fee(s) are s	submitte	d for filin	ng.
Please	return all corresp	ondence concerning this matt	er to the	following	g:
		Jorge	L. V	iera	
			(Name o	f Person)	
			(Firm/C	ompany)	
		1384 5	SW 1	8 Stre	eet
			(Add	ress)	
		Miami			
		(City	y/State a	nd Zip Cod	de)
For fur	rther information	concerning this matter, please	call:		
		L. Viera	_ at (305	7736227
	(Name	of Person)		(Area Coo	de & Daytime Telephone Number)
Enclos	sed is a check fo	or the following amount:			
1 \$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Ce	rtified Co	ng Fee & S160.00 Filing Fee, opy Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registra Division Clifton I 2661 Ex	Courier Address tion Section n of Corporations Building secutive Center Circle ssee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is	: :
2044.84	ADAL 110
	IIMI LLC.
(Must end with the words "Limited Liab	oility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Jorge L. Viera P.A.	
19 West Flagler, Suite 1212	1384 SW 18 St
Miami, FI 33130	Miami, FI 33145
The name and the Florida street address of the Jorge L.	registered agent are:
Name	e 1'
19 West Flagler St,	Suite 1212
Florida street ac	ddress (P.O. Box NOT acceptable)
Miami, Fl 33130	FI DE CO
City, State,	, and Zip
liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p	o accept service of process for the above stated limited this certificate, I hereby accept the appointment as ity. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(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:

"MGR" = Manager	Name and Address: MR 19 Mill: 08
"MGRM" = Managing Member	A The Same And A Same
MGR	Jorge L. Viera
	1384 SW 18 St
	Miami, FI 33145
MGR [.]	Jorge L. Viera, Jr
	1334 SW 18 St
	Miami, Fl 33145
* **	
	
(Lice attachment if necessary)	
(Use attachment if necessary)	
(Use attachment if necessary) LE V: Effective date, if other than the	date of filing: (OPTION
LE V: Effective date, if other than the	date of filing: (OPTION e specific and cannot be more than five business dates
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LE V: Effective date, if other than the ffective date is listed, the date must be days after the date of filing.)	date of filing: (OPTION e specific and cannot be more than five business day
LE V: Effective date, if other than the ffective date is listed, the date must b days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTION e specific and cannot be more than five business date of a member.

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)