

L19000072227

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (352) 617-6381

From: Account Name : POSIELLO & ASSOCIATES, P.A.
Account Number : I19990009127
Phone : (305) 477-5671
Fax Number : (305) 477-2640

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

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FLORIDA LIMITED LIABILITY CO.
5350 Park 413, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED
19 MAR 20 PM 12:29
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is 5350 Park 413, LLC.

ARTICLE II - ADDRESS

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

7950 NW 53rd Street, Suite 221
Doral, FL 33166

ARTICLE III - STATEMENT OF PURPOSE

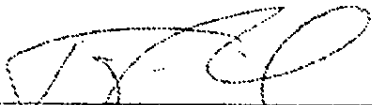
The purpose of the Limited Liability Company is to engage in any lawful activity for which the Limited Liability Company may be organized in this state.

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

Frank A, Rosillo, CPA, MST
7950 NW 53rd Street, Suite 221
Doral, FL 33166

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.



Frank A, Rosillo, CPA, MST

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ARTICLE V - MANAGEMENT

The name and address of each person authorized to manage and control the Limited Liability Company:

Name and Address:

-- Authorized Representative

Claudia Pilar Sensi-Contugi Barrera
7950 NW 53rd Street, Suite 221
Doral, FL 33166

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 the State constitutes a third-degree felony as provided for in s.817.155, F.S.)

Claudia Pilar Sensi-Contugi Barrera

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