

**L000000005063**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)922-4003

From: Angelica M. Calabrese

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075471001363  
Phone : (305)374-5600  
Fax Number : (305)374-5095

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**LIMITED LIABILITY COMPANY**

**ARMEN, LLC**

Certificate of Status	0
Certified Copy	1
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SL

22698-101573

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **ARMEN, LLC**

**ARTICLE II - Address:**


The mailing address and street address of the principal office of the Limited Liability Company is:  
6900 N.W. 37th Avenue, Miami, Florida 33147.

**ARTICLE III - Registered Agent, Registered Office, and Registered Agent's Signature:**

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

**American Information Services, Inc.  
One S.E. Third Avenue, 28th Floor  
Miami, Florida 33131**

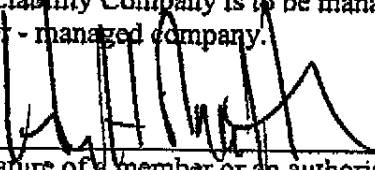
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the property 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 608,

By   
Angelica M. Calabrese, Assistant Secretary

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**ARTICLE IV - Management**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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

(In accordance with Section 608.408(a), Florida Statutes, the execution of the document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Henry H. Raattama  
Typed or printed name of signee