

## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4003

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335

Phone

: (305)599-0839

Fax Number

: (305)716-0346

ALT

## LIMITED LIABILITY COMPANY

ANDRADE GRANADA LLC

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Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

## ARTICLES OF ORGANIZAT ANY

TOWN FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name:
The name of the Limited Liability Company is:
b Dutility Company is:
ANDRAGE GRANADA LLC
ARTICLE II - Address;
The mailing address and owner address of the
The mailing address and street address of the principal office of the Limited Liability Company is:
1100 000 84 54
Miami El 3311E
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
The name and the Florida street address of the registered agent are:
Teter Andrado
1000 Nume
_ 1700 SID OV ST
Florida street address (P.O. Box NOT acceptable)
- MINN +) F 3316
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 608, F.S  President Agent's Signature
Article IV - Management (Check box if applicable.)  The Limited Liability Company is a second
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
1923 SID BY ST (1923 SID BY ST
MIRM FI 22/45-77
(An additional article must be added if an effective date is requested)
Signature of a member or an authorized representative of a member.
(In accordance with senting con course of a member,
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of persury that the facts stated berein are true.)
that the facts stated herein are true.)
leter Andrade
Typed or printed name of signer