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Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
 Account Number : 072450003255
 Phone : (305) 634-3694
 Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY**hollywood island professional llc**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HOLLYWOOD ISLAND PROFESSIONAL LLC**ARTICLE II - Address:**

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

1610 SEAGRAPE WAY**HOLLYWOOD FL 33019****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

OLGA VLEARSSON
 Name
1610 SEAGRAPE WAY
 Florida street address (P.O. Box NOT acceptable)
HOLLYWOOD FL 33019
 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.

Olga Vlearsson
 Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

OLGA VLEARSSON
 Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
 \$ 15.00 Designation of Registered Agent
 \$ 30.00 Certified Copy (OPTIONAL)
 \$ 5.00 Certificate of Status (OPTIONAL)

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