

L02000023299

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
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Fax Number : (305) 633-9696

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

tower of the americas, llc

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

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ARTICLES OF ORGANIZATION

FOR

TOWER OF THE AMERICAS, LLC

③

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

TOWER OF THE AMERICAS, LLC

ARTICLE II - ADDRESS

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

c/o Mr. Guillermo Socarras
1717 North Bayshore Drive
The Grand, Apt. 3457
Miami, Florida 33132

ARTICLE III - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Mr. Guillermo Socarras
1717 North Bayshore Drive
The Grand, Apt. 3457
Miami, Florida 33132

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Signature of authorized representative of a member

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

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the limited liability company is TOWER OF THE AMERICAS, LLC.
2. The name and the Florida street address of the registered agent are:

GUILLERMO SOCARRAS
NAME

1717 North Bayshore Drive
The Grand, Apt. 3457
Miami, Florida 33132
Florida street address (P.O. BOX NOT ACCEPTABLE)

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.


SIGNATURE

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