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Florida Department of State
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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
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RECEIVED
03 MAR -7 AM 7:30
DIVISION OF CORPORATIONS

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03 MAR -6 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

VILLA LOUISA, LLC

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

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3

ARTICLES OF ORGANIZATION

FOR

VILLA LOUISA, LLC

ARTICLE I - NAME:

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

VILLA LOUISA, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Company is: 444 Brickell Avenue, Suite 650, Miami, Florida 33131.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV - MANAGEMENT

The Company is to be managed by a manager. The name and address of the initial manager of the Company is:

Warren Sabloff
444 Brickell Avenue, Suite 650
Miami, Florida 33131

(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.)



Signature of Manager

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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: VILLA LOUISA, LLC
2. The name and the Florida street address of the registered agent are:

WARREN SABLOFF
NAME

444 Brickell Avenue, Suite 650
Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33131
CITY, STATE AND ZIP

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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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