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Florida Department of State
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To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

03 AUG 22 11:09:21
STATE DEPARTMENT OF REVENUE
MAIL ROOM 8000 FELT RD
TALLAHASSEE, FL 32310

RECEIVED
03 AUG 22 PM 4:28
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
MIM TRES INVESTMENTS, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

MIM TRES INVESTMENTS, L.L.C.

ARTICLE II – Address:

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

2717 Ponce de Leon Boulevard
Coral Gables, FL 33134

ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:

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

Sergio de Varona, CPA
Name
304 Palermo Avenue
Florida Street Address
Coral Gables, FL 33134
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 in Chapter 608, F.S.

SECRET
FALL BRANCH
FLORIDA

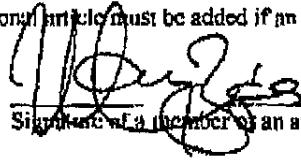
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Registered Agent's Signature

ARTICLE IV – Management (Check 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)



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)

MARIA V. BURGOS PASCUAL
Typed or printed name of signer

MEMBERS

ADDRESS

Maria V. Burgos Pascual

2717 Ponce de Leon Blvd,
Coral Gables, FL 33134

Marina Pascual de Burgos

2717 Ponce de Leon Blvd,
Coral Gables, FL 33134

Isidro Burgos Martinez

2717 Ponce de Leon Blvd
Coral Gables, FL 33134

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