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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**javana homes investments, llc**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
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(3)

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

JAVANA HOMES INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

3670 ST. GAULDENS

MIAMI, FL 33133

Mailing Address:

3622 SOLANA RD.

MIAMI, FL 33133

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

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

JAVIER GONZALEZ

Name

3622 SOLANA RD.

Florida street address (P.O. Box NOT acceptable)

MIAMI FLORIDA 33133

City, State, and Zip

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TALLAHASSEE, FLORIDA

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, Florida Statutes..



Registered Agent's Signature

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(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRJAVIER GONZALEZ3622 SOLANA RD.MIAMI, FL 33133MGRMANA TRIS-GONZALEZ3622 SOLANA RD.MIAMI, FL 33133

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE**

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

(In accordance with section 606.008(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAVIER GONZALEZ

Typed or printed name of signer

04 JAN 16 PM 2:59
 SECRETARY'S OFFICE
 ALLAHAS, FL 33111
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 ALLAHAS

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