Division of Corporatio

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694

: (305)633-9696 Fax Number

LIMITED LIABILITY COMPANY

tropical village 310, llc

Certificate of Status	0
Certified Copy	1
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#### ARTICLES OF ORGANIZATION

#### FOR

#### TROPICAL VILLAGE 310, LLC

#### ARTICLE I. - NAME:

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

TROPICAL VILLAGE 310, LLC

#### ARTICLE I. - ADDRESS

The mailing address and street address of the principal office of the Company is: 5779 NW 151st Street, Minmi Lakes, Florida 33014

#### ARTICLE II. - DURATION

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

#### ARTICLE IIL - MANAGEMENT

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

Martin Caparros, Ir. 5779 NW 151st Street Miami Lakes, Florida 33014

Signature of a member of an 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:

TROPICAL VILLAGE 310, LLC

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

Martin Capatros Jr.

5779 NW 151st Street

Plorida stroct address (P.O. Brix NOT ACCEPTABLE)

Minmi Florida 33014 CITY, STATE AND EIP

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 bereby accept the appointment as registered agent and agree to eat 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

SIGNATURE:

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