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Florida Department of State
Division of Corporations
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Account Name : EMPIRE CORPORATE KIT COMPANY
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RECEIVED
04 JUL 13 AM 7:55
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

kissimmee 392, llc

FILED
04 JUL 13 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
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ARTICLES OF ORGANIZATION

FOR

KISSIMMEE 392, LLC

ARTICLE I. - NAME:

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

KISSIMMEE 392, LLC

ARTICLE I. - ADDRESS

The mailing address and street address of the principal office of the Company is:
2901 SW 8 Street, Suite 204, Miami, Florida 33135.

ARTICLE II. - DURATION

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

ARTICLE III. - MANAGEMENT

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

Martin Capenas, Jr.
14160 Palmetto Frontage Road Suite 21
Miami Lakes, FL 33016

And

Jose R. Boschetti
2901 SW 8 Street, Suite 204
Miami, Florida 33135



Signature of a member or 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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TALLAHASSEE, FLORIDA

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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:

KISSIMMEE 392, LLC

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


JOSE R. BOSCHETTI
NAME

2901 S.W. 8 Street, Suite 204

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33135
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.*



SIGNATURE

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