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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

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## LIMITED LIABILITY COMPANY

## AMERICAN PRIME III, LLC

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

AMERICAN PRIME III, LLC

**ARTICLE II - Address:**

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

5805 BLUE LAGOON DR #480, MIAMI, FL 33126

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

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

MARGARITA GADIANA  
Name

5805 BLUE LAGOON DR #480, MIAMI, FL 33126  
Florida street address (P.O. Box NOT acceptable)

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 for in Chapter 608, F.S.

Margarita Gadiana  
Registered Agent's Signature

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**Article IV - Management (Check box 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)

Loman Group, LLC By [Signature]  
Signature of a member or an authorized representative of a member. Donna Lopez, 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.)

Loman Group LLC By [Signature]  
Typed or printed name of signer Donna Lopez, Member

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