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Florida Department of State  
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MJH

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

From:  
Account Name : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

MEDORO, LLC.

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

**MEDORO, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**MEDORO, LLC.**

**ARTICLE II - ADDRESS**

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

**5720 SW 5TH ST APT # 2  
MIAMI, FL. 33144**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:**

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

**MARTHA MINERVINI DE PAEZ**  
Name

**5720 SW 5TH ST APT # 2**  
Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33144**  
City, State, and Zip

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YOHIMA DEL CORRAL  
4080 SW 84 AV  
MIAMI, FL 33155  
305-4859300

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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..

Martina Minervini de Paez

REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

MARTHA MINERVINI DE PAEZ  
5720 SW 5TH ST APT # 2  
MIAMI, FL. 33144

MANAGER

OSCAR PAEZ MINERVINI  
5720 SW 5TH ST APT # 2  
MIAMI, FL. 33144

MANAGER

OSCAR PAEZ RODRIGUEZ  
5720 SW 5TH ST APT # 2  
MIAMI, FL. 33144

MANAGER

BRUNO ARCIERI  
5720 SW 5TH ST APT # 2  
MIAMI, FL. 33144

SECRETARY

(An additional article must be added if an effective date is requested)

Martina Minervini de Paez

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.)

MARTHA MINERVINI DE PAEZ

Typed or printed name of signee

404 0001774783.