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Florida Department of State
Division of Corporations
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MJH

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DIVISION OF CORPORATION

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

STATE
TALLAHASSEE FLORIDA

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LIMITED LIABILITY COMPANY

slofar development llc

Certificate of Status	0
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Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SLOFAR DEVELOPMENT LLC.

ARTICLE II - Address:

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

Principal Office Address:

999 BRICKELL AVE.

SUITE 500

MIAMI, FLORIDA 33131

Mailing Address:

999 BRICKELL AVE.

SUITE 500

MIAMI, FLORIDA 33131

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

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

MONICA SLODARZ

Name

999 BRICKELL AVE. SUITE 500

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

MIAMI

FLORIDA 33131

City, State, and Zip

SEP-10-2004 03:00
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SECRETARY OF STATE
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.

Monica Slodarz
Registered Agent's Signature

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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:MGRMMONICA SLODARZ999 BRICKELL AVE. SUITE 500MIAMI, FLORIDA 33131MGRMFREDDY FARFAN999 BRICKELL AVE. SUITE 500MIAMI, FLORIDA 33131

(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 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.)

MONICA SLODARZ

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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