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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
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Phone : (305) 634-3694  
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DIVISION OF CORPORATION

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TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**oceanview 619, llc**

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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**OCEANVIEW 619, LLC**

**ARTICLE I**

The name of the Limited Liability Company shall: OCEANVIEW 619, LLC

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

The mailing address and street address of the principal office of the Limited Liability Company is: 18206 COLLINS AVENUE, SUNNY ISLES BEACH, FL 33160.

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**ARTICLE IV**

The name and the Florida street address of the registered agent are:  
HERNAN GLEIZER, 18206 COLLINS AVENUE, SUNNY ISLES BEACH, FL 33160.

**ARTICLE V**

The name of the Members and Managers of this Company shall be:

**MEMBER/MANGER**  
**ENRIQUE CASTANEDA**

**MEMBER/MANAGER**  
**DIEGO DLUGONOGA**

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

Oceanview 619 LLC  
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Herman Gleizer  
Registered Agent

Enrique Castaneda / Diego Dlugonaga  
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.)

Enrique Castaneda / Diego Dlugonaga  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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