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Florida Department of State  
Division of Corporations  
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MJH

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

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
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STATE OF FLORIDA  
TALLAHASSEE

**LIMITED LIABILITY COMPANY**

**mid river investments, llc**

Certificate of Status	0
Certified Copy	1
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(3)

**ARTICLES OF ORGANIZATION**

**FOR**

**MID RIVER INVESTMENTS, LLC**

**ARTICLE I. - NAME:**

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

**MID RIVER INVESTMENTS, LLC**

**ARTICLE I. - ADDRESS**

The mailing address and street address of the principal office of the Company is:  
8991 NW 173<sup>rd</sup> Terrace, Miami, Florida 33018.

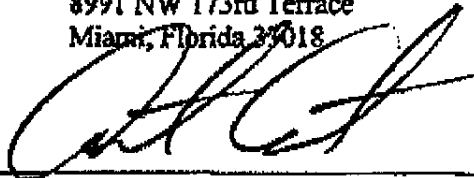
**ARTICLE II. - DURATION**

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:

Antonio Acosta  
8991 NW 173<sup>rd</sup> Terrace  
Miami, Florida 33018



**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.)

SEAL OF THE STATE  
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:

MID RIVER INVESTMENTS, LLC

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

ANTONIO ACOSTA

NAME

8991 NW 173<sup>rd</sup> Terrace

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

Miami, Florida 33018

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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