

**L05000000042**

Florida Department of State  
Division of Corporations  
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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

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04 DEC 30 AM 7:52  
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

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**LIMITED LIABILITY COMPANY**

**citisquare group, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF ORGANIZATION  
FOR  
CITISQUARE GROUP, LLC

ARTICLE I - NAME:

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

CITISQUARE GROUP, LLC

ARTICLE II - ADDRESS

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

c/o 1200 Brickell Avenue, Suite 1800, Miami, Florida 33131.

ARTICLE III - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager(s) is:

Pedro A. Martin  
1200 Brickell Avenue, Suite 1800  
Miami FL 33132



Signature of 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.)

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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: CITISQUARE GROUP, LLC.
- 2. The name and the Florida street address of the registered agent are:

PEDRO A. MARTIN  
NAME

1200 Brickell Avenue, Suite 1800  
Miami, Florida 33131  
Florida street address (P.O. BOX NOT ACCEPTABLE)

*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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