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Florida Department of State
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

LUONGO INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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: Luongo Investments, LLC**ARTICLE II - Address:**

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

Principal Office Address:255 Alhambra Circle
Suite 705
Coral Gables, FL 33134**Mailing Address:**255 Alhambra Circle, ste 705
Coral Gables, FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

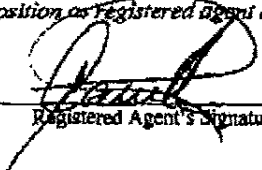
Carlos Marin

Name

255 Alhambra Circle, ste 705Florida street address (P.O. Box NOT acceptable)Coral Gables FL 33134

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 as provided for in Chapter 608, F.S.


Registered Agent's Signature

(CONTINUED)

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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:MGRAntonio Angel Luongo
255 Alhambra Circle Ste 705
Coral Gables FL 33134MGRMaria Ines Forgiione de Luongo
255 Alhambra Circle Ste 705
Coral Gables FL 33134MGRAriel Gaston Luongo
255 Alhambra Circle Ste 705
Coral Gables FL 33134MGRFlavia Andrea Luongo
255 Alhambra Circle Ste 705
Coral Gables FL 33134

(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.)

Carlos Marin, Esq.

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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