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Division of Corporations

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

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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**LIMITED LIABILITY COMPANY**  
**ALMA INVESTORS, LLC**

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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

**ARTICLE I -- Name:**

The name of the Limited Liability Company is:

ALMA INVESTORS, LLC

**ARTICLE II -- Address:**

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

Principal Office Address:

Mailing Address:

1416 SW 150 AVE.

1416 SW 150 AVE.

Miami, FL 33194

Miami, FL 33194

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

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

RICARDO JAVIER ALVAREZ

Name


1416 SW 150 AVE.

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

Miami, Florida 33194

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, Florida Statutes.*

  
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:**

**Name and Address**

"MGR" = Manager

"MGRM" = Managing Member

MGR

RICARDO JAVIER ALVAREZ

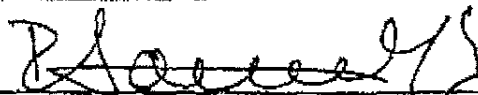
1416 SW 150 AVE

Miami, Florida 33194

(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.)

RICARDO JAVIER ALVAREZ

Typed of printed name of signer.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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