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## TRANSMITTAL LETTER

	of Corporations		
1	N= 15		
SUBJECT:	CIP Real Estate, LLC		
i	(Name of Limite	d Liability Company)	
The enclosed Arti	cles of Organization and fee(s) are s	ubmitted for filing.	
Please return all c	orrespondence concerning this matte	er to the following:	
		-	
·	Luis A. Espino, Esq.		
:	O	Name of Person)	
	America 9 Labrill D		
	Arnstein & Lehr LLP	Firm/Company)	
!		(t mile company)	
	201 S. Biscayne Bouleva	ard, Suite 400	
		(Address)	<u></u>
1	Miami, Florida 33131		
:	(City	/State and Zip Code)	
:			
For further inform	nation concerning this matter, please	call:	
Luis A. Espino	, Esq.	at ( 305 ) 374-3330	
•	(Name of Person)	(Area Code & Daytime Te	elephone Number)
•			F. 65 735
Enclosed is a ch	eck for the following amount:		
☐ \$125.00 Filing			□ \$160.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
		(additional copy is chelosed)	(additional copy is enclosed)
J	CTDEET ADDDECC.	MAILING A	SH W
. 本	STREET ADDRESS: Registration Section	Registration S	
Division of Corporations		Division of Co	orporations
•	409 E. Gaines Street	P.O. Box 6327	
Tallahassee, Florida 32399		Tallahassee, F	Iorida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	ne: mited Liability Company is:		
CIP Real Estate	LLC		
ARTICLE II - Add The mailing address		rincipal office of the Limited Liability Company is	
Principal Office Address:		Mailing Address:	
8603 S. Dixie Highway, #208		8603 S. Dixie Highway, #208	
Miami, Florida 33156		Miami, Florida 33156	
ARTICLE III - Re	egistered Agent, Registered	Office, & Registered Agent's Signature:	
The name and the F	Florida street address of the r	registered agent are:	
•	Luis A. Espino, Esq.		
	Name	<del></del>	
•	201 S. Biscayne Boulevard, Suite 400		
	Florida street address (P.O. Box NOT acceptable)		
:	Mlami	FL 33131 (22 N)	
:	City, State, and Zip		
liability compar registered agent ar statutes relating t	ny at the place designated in t nd agree to act in this capacit to the proper and complete pe	accept service of process for the above stated limited this certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of a cerformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S	

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Mana	ager	Name and Address:		
	anaging Member			
MGRM		Genaro Raimundo Garcia		
	<del></del>	8603 S. Dixie Highway, #208		
		Miami, Florida 33143		
MRGM		Genaro Raimundo Garcia, Jr.		
	<del></del> ·	8603 S. Dixie Highway, #208		
		Miami, Florida 33143		
,				
	<del></del>			
i				
(Use attachmen	t if necessary)			
NOTE: An ad	ditional article must be	added if an effective date is requested.		
REQUIRED S	How	SECRETALLA HIT		
		an authorized representative of a member.		
:	(In accordance with section of this document constitutes that the facts stated herein	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.		
1	Genaro Raimundo Gar	يون مانتي فياس المانه		
	Typed	or printed name of signee		

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ \square 5.00 Certificate of Status (Optional)