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Division of Corporations

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

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

From: Account Name : ARES & COMPANY, C.P.A., P.A.
Account Number : 120000000268
Phone : (305)229-8256
Fax Number : (305)229-8252

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

DIVERSIFIED INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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:

DIVERSIFIED INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

ALHAMBRA BUILDING
147 ALHAMBRA CIRCLE, SUITE 218
CORAL GABLES, FL 33134

Mailing Address:

ALHAMBRA BUILDING
147 ALHAMBRA CIRCLE, SUITE 218
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:

DAGMAR LLAUDY, ESQ

Name

3636 SW 87 AVE

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

MIAMI, FL 33185

FL

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

"MGRM"**Name and Address:**

FENIX MANAGEMENT CORPORATION
 2121 PONCE DE LEON BLVD, SUITE 910
 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.)

DAGMAR LLAUDY, ESQ

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)
 \$ 5.00 Certificate of Status (Optional)

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