

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

RECEIVED

05 MAY 16 PM 4:15

DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**AXIS 3108, 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:

AXIS 3108, LLC

ARTICLE II – Address:

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

2717 Ponce de Leon Boulevard  
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:

Sergio de Varona, CPA  
Name  
304 Palermo Avenue  
Florida Street Address  
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 in Chapter 608, F.S.

  
Registered Agent's Signature

05 JUL 16 PM 11:07  
TALLAHASSEE, FLORIDA

**ARTICLE IV – Management (Check if applicable)**

— The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company.

(An additional article must be added if an effective date is requested)

N. de Castillo  
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)

Ninoska de Castillo  
Typed or printed name of signer

**MANAGING MEMBERS**

**ADDRESS**

Ninoska de Castillo	(99 Units)	2717 Ponce de Leon Blvd. Coral Gables, FL 33134
Gabriel Castillo	(01 Unit)	2717 Ponce de Leon Blvd. Coral Gables, FL 33134

CECOTY 16, 12/11/07  
TALL...  
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