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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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TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY

1515 SAN REMO 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:

1515 SAN REMO 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:**
6060 SW 78 STREET	6060 SW 78 STREET
MIAMI, FLORIDA 33143	MIAMI, FLORIDA 33143

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TALLAHASSEE, FLORIDA

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

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

DANIEL M. KEIL, P.A.
Name

3165 WEST 4 AVENUE
Florida street address (P.O. Box NOT acceptable)

HIALEAH, FL 33012 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)

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:
MANAGER	PAULETTE VARGAS 6060 SW 78 STREET MIAMI, FLORIDA 33143
MANAGER	STEPHANIE THOMAS 6060 SW 78 STREET MIAMI, FLORIDA 33143

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

X Paulette Vargas

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.)

PAULETTE VARGAS
Typed or printed name of signer

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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