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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

M. HODGES

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DIVISION OF CORPORATION

## LIMITED LIABILITY COMPANY

THE PLANAS GROUP, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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

**ARTICLE I:**

The name of the Limited Liability Company is:

**THE PLANAS GROUP, L. L.C.**

**ARTICLE II-ADDRESS:**

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

**100 ALMERIA AVENUE, SUITE 230  
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:

**LUIS LEOPOLDO PLANAS**

Name

**100 ALMERIA AVENUE, SUITE 230**

Florida street address (P.O. Box not acceptable)

**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 for in Chapter 608, F.S.

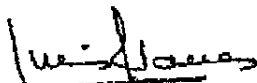


Registered Agent's Signature

**ARTICLE IV-Management (Check box 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)



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.).


LUIS LEOPOLDO PLANAS

Typed or printed name of signee

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**ARTICLE V – Managing Members**

Luis Leopoldo Planas  
100 Almeria Avenue, Suite 230  
Coral Gables, FL 33134

  
\_\_\_\_\_  
Signature

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