

Florida Department of State  
Division of Corporations  
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Fax Number : (850)205-0383

From:

Account Name	:	EMPIRE CORPORATE KIT COMPANY
Account Number	:	072450003255
Phone	:	(305) 634-3694
Fax Number	:	(305) 633-2696

**LIMITED LIABILITY COMPANY**

*Inversiones 203, Ue*

Certificate of Status	0
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Page Count	<del>03</del> 4
Estimated Charge	\$125.00

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

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

*Inversiones 203, llc*

Certificate of Status	0
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Page Count	03
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY OF**

**INVERSIONES 203, LLC**

**ARTICLE I**

The name of the Limited Liability Company shall: INVERSIONES 203, LLC

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

The mailing address and street address of the principal office of the Limited Liability Company is: 9737 NW 41st STREET, #615, MIAMI, FL 33178-2924

**ARTICLE IV**

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26th STREET, SUITE C-201, DORAL, FL 33172

**ARTICLE V**

The name of the Managing Member(s) of this company shall be:

DOUGLAS R. HURTADO	10556 NW 26th STREET, D-101 DORAL, FL 33172
LORELVY M. HURTADO	10556 NW 26th STREET, D-101 DORAL, FL 33172
LORENZO J. HURTADO	10556 NW 26th STREET, D-101 DORAL, FL 33172
FRONILDE C. DIAZ DE HURTADO	10556 NW 26th STREET, D-101 DORAL, FL 33172

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE

**INVERSIONES 203, LLC**

(Name of Company)

Having been named as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

**CABANAS & ASSOCIATES, P.A.**

Registered Agent

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TALLAHASSEE, FLORIDA

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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.)

**JOSEPH F. CABANAS**

Typed or Printed Name of Signee

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