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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

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

220 SW. 38 AVE. 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 :

220 SW. 38 AVE. 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:

2060 Arcadia Dr.
Miramar, Fl 33023

SAME

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

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

MIRNA N. GODOY

Name

2060 ARCADIA DR.

Florida street address (PO Box **NOT** accepted)

MIRAMAR, FL 33023

City, State, and Zip

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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, FRS..

Mirna N Godoy
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:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager "MGRM" = Managing Member	
<u>MGR</u>	<u>MELVIN PORTILLO</u> <u>2060 ARCADIA DR.</u> <u>MIRAMAR, FL 33023</u>
<u>MGRM</u>	<u>MIRMA N. GODOY</u> <u>2060 ARCADIA DR.</u> <u>MIRAMAR, FL 33023</u>
<u>MGRM</u>	<u>AROLDO PORTILLO</u> <u>2060 ARCADIA DR.</u> <u>MIRAMAR, FL 33023</u>
<u>MGRM</u>	<u>JOSE V. GODOY</u> <u>2060 ARCADIA DR.</u> <u>MIRAMAR, FL 33023</u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Melvin R. Portillo
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.)

MELVIN PORTILLO

Typed or printed name of signee

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