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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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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DIVISION OF CORPORATION

FLORIDA/FOREIGN LIMITED LIABILITY CO.

abi-fadel sw land investments, llc

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

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(3)

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ABI-FADEL SW LAND INVESTMENTS, LLC

ARTICLE II - Address:

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

Principal Office Address:

7845 Camino Real, #0-112

Miami, FL 33143

Mailing Address:

7845 Camino Real, #0-112

Miami, FL 33143

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

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

Denise Abi-Fadel

Name

7845 Camino Real, #0-112

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

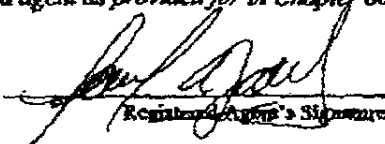
Miami

FLORIDA

33143

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, Florida Statutes.


Registered Agent's Signature

Page 1 of 2
(CONTINUED)

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The name and address of each Manager or Managing Member is as follows:

Name and Address:

"MGRM" = Managing Member

Denise Abi-Fadel

7845 Camino Real, #0-112

Miami, Florida 33143

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

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.)

Denise Abl-Fadel

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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