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Florida Department of State  
Division of Corporations  
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Counter

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

RECEIVED  
06 FEB -2 AM 8:00  
DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**11510 NE 2 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:

11510 NE 2 AVE LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

11510 NE 2 AVE  
MIAMI, FL 33161

**Mailing Address:**

SAME

**ARTICLE III - Registered Agent, Registered office, & Registered Agent's Signature**

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

LEROY A. LLERA

Name

11510 NE 2 AVE

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

MIAMI, FL 33161

City, State, and Zip Code

*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)

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**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

MGRM

**Name and Address:**

Leroy A. Llera

11510 NE 2 AVE

Miami, Fl 33161

MGRM

Yenizet Hernandez

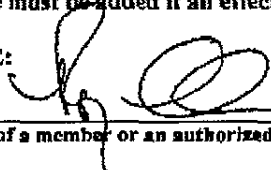
11510 NE 2 AVE

Miami, Fl 33161

(Use attachment is 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.)

LEROY A. LLERA

Typed or printed name of signer

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