

APR-20-2006 THU 01:56 PM GULF GROUP  
Division of Corporations

FAX NO. 205 613 7343

4/16/21

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Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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

From: Account Name : DEBORAH MARKS, P.A.  
Account Number : I20060000054  
Phone : (305) 372-9400  
Fax Number : (305) 716-9154

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2006 APR 20 PM 3:03  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Zayin Tax 43, LLC

RECEIVED  
06 APR 20 PM 2:16  
DIVISION OF CORPORATION

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

**Article I: Name:**

The Name of the Limited Liability Company is Zayin Tax 43, LLC. --

**Article II: Address:**

The Mailing Address and Street Address of the principal office of the Limited Liability Company are:

**Principal Office Address:**

18405 Biscayne Boulevard  
Suite 400  
Aventura, Florida 33160

**Mailing Address:**

c/o MLHM, Inc.  
Dept 5193  
Birmingham, AL 35287-5193

**Article III: Registered Agent, Registered Office, & Registered Agent's  
Signature:**

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

Deborah Marks, Esq.  
999 Brickell Bay Drive  
Suite 1809  
Miami, Florida 33131

*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.*

  
\_\_\_\_\_  
**Deborah Marks**

(CONTINUED)

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**Article IV: Manager(s) or Managing Manager(s):**

This entity is a manager managed Limited Liability Company.

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

**Title: Name and Address:**

"MGR" = Manager

"MGRM" = Managing Manager

MGR

Beatriz Agramonte  
18305 Biscayne Boulevard  
Suite 400  
Aventura, Florida 33160

**Required Signature:**

  
**DEBORAH MARKS, ESQ.**

**Authorized representative of a member of this entity**

(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.)

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of  
Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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