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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  
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Phone : (305) 634-3694  
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TALLAHASSEE FLORIDA

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**3370 CHASE AVENUE, LLC**

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

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

**3370 CHASE AVENUE, LLC**

**ARTICLE I**

**The name of the Limited Liability Company shall: 3370 CHASE  
AVENUE, 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: 1637 NW 27<sup>th</sup> AVENUE, #200, MIAMI  
FLORIDA 33125**

**ARTICLE IV**

**The name and the Florida street address of the registered agent:  
ALBERT ARISSO, 1637 NW 27<sup>th</sup> AVENUE, #200, MIAMI, FLORIDA  
33125**

**ARTICLE V**

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

**MANAGING MEMBER  
ALBERT ARISSO**

**1637 NW 27<sup>th</sup> AVENUE, #200  
MIAMI, FLORIDA 33125**

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

**3370 CHASE AVENUE, LLC**

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.

*Albert Arissa*

  
Registered Agent

  
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.)

*Albert Arissa*

\_\_\_\_\_  
Typed or printed name of signee

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COUNTY OF DADE  
STATE OF FLORIDA