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 Fax Number: (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

D6 JUN 19 PM I2: 08 VISION OF CORPORATION

posada & sanchez investment, llc

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EMP I RE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -Name:

The name of the Limited Liability Company is:

POSADA & SANCHEZ INVESTMENT, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

WILLIAMS POSADA

927 SW 148 PL MIAMI FL 33194

ANGELA SANCHEZ

927 SW 148 PL MIAMI FL 33194

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

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

WILLIAMS POSADA Name

927 SW 148 PL

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

MIAMI FLORIDA 33198

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 provide for in chapter-608 F.S.

gistered Agent's Signature

(CONTINUED)

Page lof 2 ARTICLE IV- Manager (s) or Managing Member(s):

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<u>Title</u>:
"MGR"= Manager
"MGRM" = Managing Member
POSADA WILLIAM (MGR)

Name and Address:

927 SW 148 PL

MIAMI FLORIDA 33194

ANGELA SANCHEZ (MGRM)

927 SW 148 PL

MIAMI FLORIDA 33194

(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.)

Typed or printed name of signee

Filling Fees:

5125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certifled Copy (Optional)

5 5.00 Certificate of Status (Optional)

Page 2 of 2

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