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To: Division of Corporations Fax Number : $(850)205-0393$ From: Account Name : BETH E. LINZNER, P.A. Account Number : $I2003000140$ Phone : $(561)999-9300$ Fax Number : $(561)999-9400$ Signature Fax Number : $(561)999-9400$ Signature Fax Number : $(561)999-9400$ Signature Fax Number : $(561)999-9400$ Signature Fax Number : $(561)999-9400$ Division of Corporation Fax Number : $(561)999-9400$ Signature Fax Number : $(561)999-9400$ Signature Fax Number : $(561)999-9400$ Control Control
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ARTICLES OF ORGANIZATION FOR ALHAMBRA PARTNERS LLC

ARTICLE I - NAME

The name of the limited liability company is: ALHAMBRA PARTNERS LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the limited liability company is: 1717 N. Bayshore Drive - Suite 113, Miami, Florida 33132.

ARTICLE III- REGISTERED AGENT

The name and the Florida street address of the registered agent is: Tony Petropoulos, 1717 N. Bayshore Drive - Suite 113, Miami, Florida 33132

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 an familiar with and accept the obligations of my position ar registered agent as provided for in Chapter 608, F. S.

Registered Agent my Pétropoulos. Gino Falsetto, Authorized Agent

(In accordance with section 508.403(3), Florida Statutes, the execution of this document constitute: an affirmation under the penalties of perjury that the facts stated herein are true).

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