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SECRETAGE STATE
AND ANASSEE, FLORIDA

COVER LETTER

Division of Corpo				
SUBJECT: PROPE	RTY Manage (Name of Limited	ement of Mi Liability Company)	ami LLC	
The enclosed Articles of O	organization and fee(s) are su	bmitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
<u>will</u>	lian R	WyleR lame of Person		
PRO	PERTY Mai	19gement of	Migmi LLC	
	10 S.Dix	_	‡30 l	
Miami, Fl. 33133				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
William R.	Wylek Person)	at (305) 9/3 (Area Code & Daytime To	-3777	
Enclosed is a check for t	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Property Management of Mia (Must end with the words "Limited Liability Company, "Limited Company" or their abbrevious ARTICLE II - Address: The mailing address and street address of the principal office of the L	
<u>Principal Office Address:</u> <u>Mailing Address:</u>	
2140 S.Dixie Hwy #301 2140 S.D Mirani, Fl. 33133 Mirani, Fl	ixie Hwy #301 33133
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered Agent. You must design business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: William R. Wylek	FILED FILED FILED Prable)

Ilaving 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 (REODIRED)

(CONTINUED) Page 1 of 2 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" - Managing Member

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ___ . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

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)