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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 : BERRIZ & GIRALDO P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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DIVISION OF CORPORATION

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**A & A TRUST TITLE, LLC.**

Certificate of Status	1
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**606-101383**  
*[Signature]*

*406 000 253 3103.*

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

**A & A TRUST TITLE, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**A & A TRUST TITLE, LLC.**

**ARTICLE II - ADDRESS**

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

**8521 SW 151 ST  
MIAMI, FL. 33158**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**ARMANDO DE LA CRUZ**

**8521 SW 151 ST**

Florida street address ( P.O.BOX NOT acceptable)

**MIAMI, FL. 33158**  
City, State, and Zip

**BERRIZ & GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300**

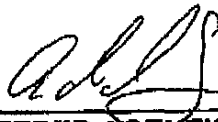
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. 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..



REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ARMANDO DE LA CRUZ**  
8521 SW 151 ST  
MIAMI, FL. 33158

**MANAGER**

**ALEXANDRA GIL**  
8521 SW 151 ST  
MIAMI, FL. 33158

**MANAGER**

(An additional article must be added if an effective date is requested)



**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.)

**ARMANDO DE LA CRUZ**

Typed or printed name of signer

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