

## Florida Department of State

Division of Corporation

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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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS**FLORIDA/FOREIGN LIMITED LIABILITY CO.****INMOBILIARIA MANAGEMENT, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 03       |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

INMOBILIARIA MANAGEMENT, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC" or "L.C.")

ARTICLE II - Address:

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

Principal Office Address:

9246 SW 132 STREET  
MIAMI, FL 33176

Mailing Address:

9246 SW 132 STREET  
MIAMI, FL 33176

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JORGE LUIS LOPEZ GARCIA, PA

Name

1570 MADRUGA AVE, STE 211

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

CORAL GABLES, FL 33146

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 (REQUIRED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member

**Name and Address:**

MGRM

OPM, LLC  
9246 SW 132ND ST.  
MIAMI, FL 33176

MGR

CARLOS VIAS  
9246 SW 132ND ST.  
MIAMI, FL 33176

(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:**

*[Handwritten Signature]*

Signature of a member or an authorized representative of a member.

(In accordance with section 607.406(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ELSI C. CALZADO

Typed or printed name of signer

**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)

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