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Division of Corporations

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**Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

2520 S. CONWAY RD.422, LLC

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Help

H06000283560 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:
2520 S. CONWAY RD.422, LLC

ARTICLE II ADDRESS

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

5510 SW 147TH CT
MIAMI FL 33185

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

ALVARO DOMINGUEZ
5510 SW 147TH CT
MIAMI FL 33185

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TALLAHASSEE, FLORIDA

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Having been named as registered agent 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..

X ADM3.
ALVARO DOMINGUEZ Registered Agent's Signature

H06000283560 3

H06000283560 3 PAGE 2 2520 S. CONWAY RD.422, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one members and is, therefore, a Member-Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
ALVARO DOMINGUEZ
AVE. BUSCH # 520
SANTA CRUZ BOLIVIA

MANAGING MEMBER
NEREIDA BALDIVIEZO
AVE. BUSCH # 520
SANTA CRUZ BOLIVIA

MANAGING MEMBER
VIVIANA DOMINGUEZ
AVE. BUSCH # 520
SANTA CRUZ BOLIVIA

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x AM3.

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.

NAME OF SIGNER ALVARO DOMINGUEZ
Typed or printed name of signee

H06000283560 3