

Division of Corporations

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## Florida Department of State

Division of Corporations

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Account Number : I19990000017  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

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**FLORIDA/FOREIGN LIMITED LIABILITY CO.****MI TOLDITO OAKLAND, LLC.**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**MI TOLDITO OAKLAND, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**MI TOLDITO OAKLAND, LLC.**

**ARTICLE II - ADDRESS**

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

**15990 NW 49 AVE  
MIAMI, FL 33014**

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

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

**JOSE QUERALES**

**15990 NW 49 AVE**

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

**MIAMI, FL 33014**

City, State, and Zip

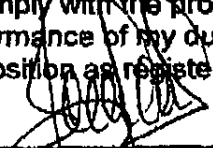
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**TALLAHASSEE FLORIDA**

**CLARA 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.

**CARLOS BENAVIDES**  
15990 NW 49 AVE  
MIAMI, FL 33014

**MANAGER**

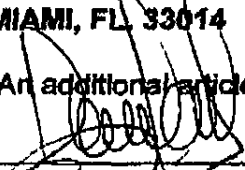
**KARINA CACERES**  
15990 NW 49 AVE  
MIAMI, FL 33014

**MANAGER**

**JOSE QUERALES**  
15990 NW 49 AVE  
MIAMI, FL 33014

**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.)

**JOSE QUERALES**

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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