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LORIDA/FOREIGN LIMITED LIABILITY CO.

ALMERIA II, LLC

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ARTICLES OF ORGANIZATION FOR ALMERIA II. LLC

ARTICLE I-Name:

The name of the Limited Liability Company is:

ALMERIA II, LLC a Florida Limited Liability Company

ARTICLE II-Address

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

Principal Office Address:

744 Biltmore Way Suite 2 Coral Gables, FL. 33134 Mailing Address:

744 Biltmore Way

Suite 2

Coral Gables, FL. 33134

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Fernando E. Menoyo 744 Bilumore Way Suite 2 Coral Gables, FL. 33134

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 in Chapter 608, Florida Statutes.

Fernando E. Menoyo Registered Agent's Signature 7 MÁR 21 AM 9:

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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: Manager Name and Address: Fernando E. Menoyo 744 Biltmore Way Suite 2

Coral Gables, FL. \$3134

By: Fernando E. Menoyo

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.)

ARTICLE V-Duration and Effective Date

The period of duration for the Limited Liability Company shall be perpetual and the effective date shall be the date on which these articles of organization are filed with the Department of State-Division of Corporations.

SECRETARY OF STATE

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