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

From:  
Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : 120010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

PARADISE PARK LLC

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Electronic Filing Menu

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**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:  
PARADISE PARK LLC

**ARTICLE II ADDRESS**

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

10868 NW 84TH ST.  
DORAL FL 33178

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

MARIA E. LARA  
10868 NW 84TH ST.  
DORAL FL 33178

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..

  
\_\_\_\_\_  
MARIA E. LARA Registered Agent's Signature

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PAGE 2 PARADISE PARK LLC

**ARTICLE IV MANAGEMENT**

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

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER  
MARIA E. LARA  
10868 NW 84TH ST.  
DORAL FL 33178

x Maria E. Lara

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 MARIA E. LARA  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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