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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EMPIRE CORPORATE KIT COMPANY Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696	FILE FD NOV 30 AM 8: 04 SECRETARY OF STATE ALLAHASSEE FLORIDA					
	FLORIDA/FOREIGN LIMITED LIABILITY CO. 1732 james ave, llc					
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ARTICLES OF ORGAN	IZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited I	Liability Company is:
1732 JAMES AVE,	LLC
	its the words "Limited Liability Company. "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and s	treet address of the principal office of the Limited Liability Company is
Principal Office Address	:: Mailing Address:
100 6E 2nd Street, Suite 1250 Miami, Floride 33191	100 GE 2nd Street, Suite 1250 Mismi, Florida 33131
business multy with an active Fla	ed Agent, Registered Office, & Registered Agent's Signature: annot serve as its own Registered Agent. You must designate an individual or another ride registration.) street address of the registered agent are:
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business parity with an antive Flor The name and the Florida <u>Greg</u> <u>100 S</u> <u>Miarr</u> Having been named as re liability company at the registered agent and agree statutes relating to the placept the obligations	annot serve as its own Registered Agent. You trained designate an individual or emotion ride registration.) street address of the registered agent are: <u>Approx Mirmelli</u> Name <u>SE 2nd Street, Suite 1250</u> Florida street address (P.O. Box <u>NOT</u> acceptable) <u>ni, Florida 33131</u> <u>FL</u> City, State, and Zip registered agent and to accept service of process for the above stated in the e place designated in this certificate. I hereby accept the appointment to act in this capacity. I further agree to comply with the provisions of a proper and complete performance of my duties, and I am familiar with of my position as registered agent as provided for in Chapter 608, FS

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407000289226 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member MGRM Gregory Mirmelli 100 SE 2nd Street, Suite 1250 Miami, Florida 33131 (Use attachment if necessary) (OPTIONA ARTICLE V: Effective date, if other than the date of filing: (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.) **REOURED SIGNATURE:** 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 40 :8 MA that the facts stated herein are true.) Gregory Mirmelli Typed or printed name of signee Filing Fees: \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2 H07000289226

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