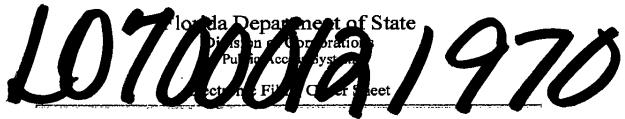
**Division of Corporations** 

Page 1 of 1



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000294672 3)))



H070002946723ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4994 Fax Number : (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
7 DEC -7 PM I2: 02
SECHETARY OF STATE

DOMUS MAX, LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

12/7

(((H07000294672)))

ARTICLES OF ORGANIZATIO	ON FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability	Company is:
DOMUS MAX, LLC.	
(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	ress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
770 CLAUGHTON ISLAND DRIVE	770 CLAUGHTON ISLAND DRIVE
SUITE 1709	SUITE 1709
MIAMI, FL 33131	MIAMI, FL 33131
	dress of the registered agent are:
	Name OSA
<del></del>	ITON ISLAND DRIVE SUITE 1709
	orida street address (P.O. Box NOT acceptable)
MIAMI	- 33131 音景 <u>5</u>

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.

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

## (((H07000294672)))

Title: "MGR" = Ma		Name and Address:
	mager Managing Member	
MGRM		BEATRIZ BALDAN
	<del></del>	770 CLAUGHTON ISLAND DRIVE SUITE 1709
		MIAMI, FL 33131
MGRM		GEORGE DE ARMAS
1101111	<del>, .,</del>	200 EAST 27TH STREET APT 1-H
		NEW YORK, NY 10016
		·
	<del></del>	
LE V: Effecti	ent if necessary) ve date, if other than the	e date of filing: (OPTIONA
LE V: Effecti fective date is days after the	ve date, if other than the listed, the date must be date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day
EV: Effecti ective date is days after the	ve date, if other than the listed, the date must h	e date of filing: (OPTIONA be specific and cannot be more than five business day
EV: Effecti ective date is days after the	ve date, if other than the listed, the date must be date of filing.)	e date of filing: (OPTIONA be specific and cannot be more than five business day
EV: Effecti ective date is lays after the	ve date, if other than the listed, the date must be date of filing.)	be specific and cannot be more than five business day
EV: Effecti ective date is days after the	ve date, if other than the listed, the date must be date of filing.)	e date of filing:  OPTIONA  The specific and cannot be more than five business day  ar or an authorized representative of a member of the specific and the spec
EV: Effecti ective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a metric (In accordance with se	er or an authorized representative of a member of a me
LE V: Effecti fective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a metion (In accordance with see of this document cons	er or an authorized representative of a member of a me
LE V: Effecti fective date is days after the	ve date, if other than the listed, the date must be date of filing.)  SIGNATURE:  Signature of a memory  (In accordance with se of this document constitute facts stated BEATRIZ BA	er or an authorized representative of a member of a me