

**W08000040622**

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6383

From:  
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES,  
Account Number : 075350000393  
Phone : (212) 431-5000  
Fax Number : (212) 431-1441

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**FLORIDA/FOREIGN LIMITED LIABILITY CO**

**FL Family Realty LLC**

Certificate of Status	0
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

FL Family Realty LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:15933 SW 43 StreetMiami, FL 33186Mailing Address:15933 SW 43 StreetMiami, FL 33186

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Jacqueline Horta

Name

6930 SW 159 PlaceFlorida street address (P.O. Box NOT acceptable)MiamiFL 33193

City, State, and Zip

*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 (REQUIRED)

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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:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM \_\_\_\_\_

**Name and Address:**

Jairo Echeverri

15933 SW 43 Street

Miami, FL 33145

MGRM \_\_\_\_\_

Paola Echeverri

15933 SW 43 Street

Miami, FL 33145

MGRM \_\_\_\_\_

Natalia Ech  verri

15933 SW 43 Street

Miami, FL 33145

MGRM \_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(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.)

**REQUIRED 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 that the facts stated herein are true.)

Jacqueline Horta

\_\_\_\_\_  
Typed or printed name of signee**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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