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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

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

n492rm, l.l.c

Certificate of Status	0
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EXAMINER

H08000206264

ARTICLES OF ORGANIZATION

OF

N492RM, L.L.C.

ARTICLE I - NAME

The name of the Limited Liability Company is N492RM, L.L.C.

ARTICLE II - DURATION

The period of duration of the Company shall be perpetual.

ARTICLE III - ADDRESS

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

1504 BAY ROAD, UNIT 2710
MIAMI, FL 33139

ARTICLE IV - REGISTERED AGENT & OFFICE

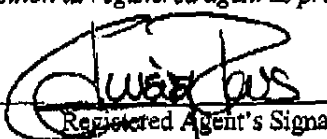
The name and address of the registered agent for this Limited Liability Company, within the State of Florida is:

GUSTAVO PONS
1504 BAY ROAD, UNIT 2710
MIAMI, FL 33139

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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 obligation of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature

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ARTICLE V - MEMBER(S)

The Limited Liability Company shall have 1 member whose name and address is:

GUSTAVO PONS

**1504 BAY ROAD, UNIT 2710
MIAMI, FL 33139**

ARTICLE VI - MANAGEMENT

- ☐ The management of the Company is reserved to the managers of the company. The name and address of the manager or managing member is as follows:

**GUSTAVO PONS
MANAGING DIRECTOR
1504 BAY ROAD, UNIT 2710
MIAMI, FL 33139**



Signature of 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.)

Typed or printed name of signee

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