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

From:
Account Name : MICHAEL J. FREEMAN, P.A.
Account Number : 072720000142
Phone : (305) 442-1567
Fax Number : (305) 442-1227

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.**FLORIDA VIEW LLC**

Certificate of Status	1
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Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name:

The name of the Limited Liability Company is:

FLORIDA VIEW LLC

ARTICLE II – Address:

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

Principal Office Address: 153 Sevilla Avenue **Mailing Address:** P.O. Box 140668
Coral Gables, FL 33134 Coral Gables, FL 33114

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

M.J. F. Registered Agent Corp.
Name

153 Sevilla Avenue
Florida Street Address (No P.O. Box)

Coral Gables, FL 33134
City, State, and Zipcode

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 606, F.S.



Registered Agent's Signature
(Michael J. Freeman, President)

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

Name and Address:

MGRM

Edi-Ann R. Freeman
3225 Aviation Avenue
Suite 501
Coconut Grove, FL 33133

MGRM

Abigail C. Freeman
3225 Aviation Avenue
Suite 501
Coconut Grove, FL 33133

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REQUIRED SIGNATURE:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Michael J. Freeman

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.)

Michael J. Freeman

Type or print name of signee

Filing Fees:

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