

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC

Account Number : I20070000160

Phone : (800) 494-3124

Fax Number : (561) 455-9885

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please**

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FLORIDA LIMITED LIABILITY CO.

Arme, LLC

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EXAMINER

Electronic Filing Menu

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H10000089738 3

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

ARME, LLC

ARTICLE II ADDRESS

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

2851 NE 183RD STREET # 502

AVENTURA, FLORIDA 33160

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent

SUSANA NAVON

2851 NE 183RD STREET # 502

AVENTURA, FLORIDA 33160

Having been named as registered agent 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..

X *Susana Navon*

SUSANA NAVON / Registered Agent's signature

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H10000089738 3

H10000089738 3

PAGE 2

ARME, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

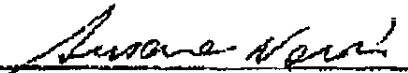
MANAGING MEMBER:

GASTON DARIO ARIGANELLO
2851 NE 183RD STREET # 502
AVENTURA, FLORIDA 33160

MANAGING MEMBER:

GUILLERMINA MEDERO
2851 NE 183RD STREET # 502
AVENTURA, FLORIDA 33160

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x 

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.

SUSANA NAVON

Typed or printed name of signee

H10000089738 3