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Division of Corporations Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I2000000146 Phone : (305)444-4994 . Fax Number : (305)444-4977

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

# ARTICLE I - NAME

The name of the Limited Liability Company is:

### OMFI, LLC

### ARTICLE II - ADDRESS

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

> 255 University Dr. Coral Gables; FL 33134

### <u>ÄRTICLE III</u> **REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S** SIGNATURE.

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

Oscar Garcia, Esq. 255 University Dr. Coral Gables, FL 33134

Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in the 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. Florida Statutes.



P. 002

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ARTICLE IV Manager(s):

The name and address of each Manager is as follows:

<u>Title:</u> MGRS <u>Name and Address:</u> Oscar Garcia Melissa Garcia 255 University Dr. Coral Gables, FL 33134

(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.)

OMFI, LLC

By: Oscar Garcia

As Managing Member

2010 Dated:

P. 003