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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019
Phone: (305)552-5973
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SECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO. CASA VADI MAYOR C.A. LLC

Certificate of Status
Certified Copy

Page Count 03

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JUN 15 20Help

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
CASA VADI MA YOR CA. 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:	Mailing Address:
8500 NW 85T APTO 208 MINNI FL. 33126	JUN 14 PH
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business emity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
RAMSEY ALEXANDER MORENO-ARENAS	
8500 NW 85T ADTO 208 Minni F1 33/26. Florida street address (P.O. Box NOT acceptable)	
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)

(CONTINUED)

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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: <u>Title:</u> Name and Address: "MGR" = Manager "MGRM" = Managing Member RAMSEY ALEXANDER MOREND-ARENAS AVENDA VENEZIALA Nº 4-62 SAN AUTONIO 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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.)

ALEXANDER MORENO - ARENAS
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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