

**L11000112974**

Florida Department of State  
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To:

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

From:

Account Name : RASCO, REININGER, PEREZ & ESQUENAZI, P.L.  
Account Number : 104076000124  
Phone : (305) 476-7100  
Fax Number : (305) 476-7102

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

Email Address: corporate@rascoklock.com

**FLORIDA LIMITED LIABILITY CO.  
Abehepro, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
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**T. HAMPTON**

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**EXAMINER**

Audit No: H11000239592 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I. Name**

The name of the Limited Liability Company is:

**Abehepro, LLC**

**ARTICLE II. - Address**

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

5825 Collins Ave, Apt 10-G  
Miami, FL 33140

**ARTICLE III. - Registered Agent, Registered Office,  
& Registered Agent's Signature:**

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

**Miami Corporate Systems, LLC**  
283 Catalonia Avenue, 2<sup>nd</sup> Floor  
Coral Gables, Florida 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 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:

**MIAMI CORPORATE SYSTEMS, LLC**

Salomon B. Esquenazi, Manager

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This instrument was prepared by:  
Salomon B. Esquenazi, Esq.  
Rasco Klock Reininger Perez Esquenazi Vigil & Nieto  
283 Catalonia Ave., 2nd Floor  
Coral Gables, Florida 33134  
(305) 476-7100

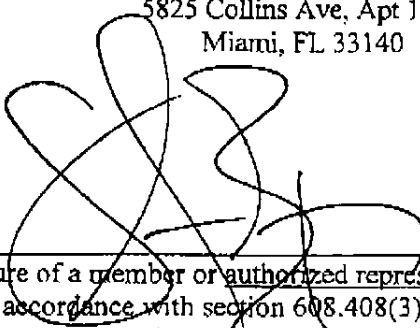
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**ARTICLE IV. – Management:**

**X** The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial managers is:

**Sion Tesone**

5825 Collins Ave, Apt 10-G  
Miami, FL 33140

 as adm rep  
\_\_\_\_\_  
Signature of a member or 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.

4831-9669-5307, v. 1

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TALLAHASSEE, FLORIDA

Audit No: H11000239592 3

This instrument was prepared by:

Salomon B. Esquenazi, Esq.

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283 Catalonia Ave., 2nd Floor

Coral Gables, Florida 33134

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