

Florida Department of State

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FLORIDA LIMITED LIABILITY CO.
ALTIS 475, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ALTIS 475, LLC**

ARTICLE I

The name of the limited liability company shall be ALTIS 475, LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

175 SW 7th Street
Suite #1106
Miami, Florida 33130

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

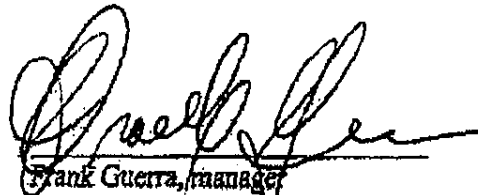
The name and address of the initial registered agent is:

Frank Guerra
175 SW 7th Street
Suite #1106
Miami, Florida 33130

ARTICLE V

The company shall be manager managed and Frank Guerra shall be the manager of the company.

The undersigned has executed these Articles of Organization on this 12th day of October, 2011.


Frank Guerra, manager

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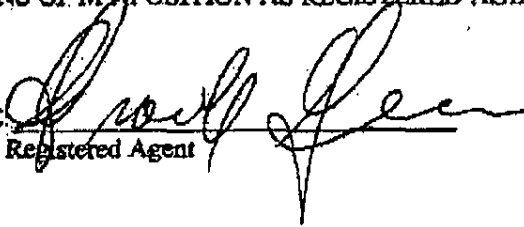
**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, ALTIS 475, LLC desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named Frank Guerra whose address is 175 SW 7th Street Suite 1106 Miami Florida 33130 as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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.

SIGNATURE


Registered Agent

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