Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERV

Account Number : I20000000019 : (305)552-5973 Phone Fax Number : (305)220~1440

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

AVILA MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Avila Management, 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:

11251 NW 20th Street Suite 119. Miami, FL, 33172.

11251 NW 20th Street, Suite 119 Miami, FL, 33172

ARTICLE III - Registered Agent, Registered Office, & Registered Agent Signature:

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

José Luis Parra

11251 NW 20th Street, Suite 119 Miami, FL, 33171.

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.

José Luis Parra

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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:

Title:

Name and Address:

MGR

JOSE LUIS PARRA

MGR

BALTASAR PARRA

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3). Florida Statutés, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

José Luis Parra

Typed or printed name of signee

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SEGRETARY OF STATE