

Division of Corporations Electronic Filing Cover Sheet

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

Address:

FLORIDA LIMITED LIABILITY CO. EL DIARIO DE MIRANDA, C.A. LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Diario de Miranda, C.A. 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 Co	этралу is:
Principal Office Address: Mailing Address:	
7604 NW 114 Path, Medley, FL. 33178 - 1381	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatu (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or and business entity with an active Florida registration.)	r e: ther
The name and the Florida street address of the registered agent are:	
Unda Tojas-Molina	
Florida street address (P.O. Box NOT acceptable)	
Medley FL 331781381 City: State, and Zip	
Having been named as registered agent and to accept service of process for the above stability company at the place designated in this certificate. I hereby accept the appoint registered agent and agree to act in his capacity. I further agree to comply with the provistatutes relating to the proper and complete performance of my duties, and I am familia accept the obligations of my position as registered agent as provided for in Chapter 6 Registered Agent's Signature (REQUIRED)	ntment as visions of all or with and

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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" = Manager "MGRM" = Managing Member (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 of an authorized representative of a member. (In accordance with Section 608.403(3), Florids 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 s.817.155, F.S.) Typed or printed name of signee

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