

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 517-6383

Effective Date 12-31-11

From:

Account Name : MDMB
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Phone : (305) 412-9805
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.

M.N.V. HOLDINGS, A FLORIDA LIMITED LIABILITY COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	01
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**ARTICLES OF ORGANIZATION
FOR A
FLORIDA LIMITED LIABILITY COMPANY**

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ARTICLE I - Name:

The name of the Limited Liability Company is:

M.N.V. Holdings, a Florida Limited Liability Company

ARTICLE II - Address:

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

Principal Office Address:

16286 SW 78 Terrace
Miami, Florida 33193

Mailing Address:

16286 SW 78 Terrace
Miami, Florida 33193

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

The name and the Florida street address of the Registered Agent:

Jennifer D. Leal, Esquire
8900 SW 117 Avenue, Suite 105 B
Miami, Florida 33186

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

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Vivian C Castillo
16286 SW 78 Terrace
Miami, Florida 33193

ARTICLE V – Effective Date:

The effective date of the Limited Liability Company is:

December 31, 2011

REQUIRED SIGNATURE:



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

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

Vivian Castillo

Typed or Printed Name of Signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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