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Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
THE BLUE 904, LLC**

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:** The name of the Limited Liability Company is:**The Blue 904, LLC****ARTICLE II – Address:**

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

Principal Office Address:11251 NW 20th Street, Suite 119
Miami, FL, 33172.**Mailing Address:**11251 NW 20th Street, Suite 119
Miami, FL, 33172**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

BRIGITTE DI NATALE11251 NW 20th Street, Suite 119
Miami, FL 33172

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.

BRIGITTE DI NATALE
Registered Agent's Signature(CONTINUED)
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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

BRIGITTE DI NATALE

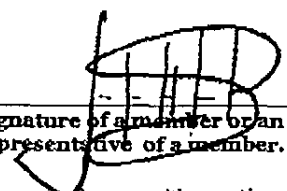
MGR

ARIANA VALENTINA RUBIO

MGR

ANGEL OTI

REQUIRED SIGNATURE:


Signature of a member or an 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.)

BRIGITTE DI NATALE

Typed or printed name of signee

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