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FLORIDA LIMITED LIABILITY CO.
GARAGE 115 LLC

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B. BOSTICK
MAY - 4 2012
EXAMINER

H12000123185.

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
GARAGE 115 LLC**

ARTICLE I

The name of the limited liability company shall be GARAGE 115 LLC, a Florida limited liability company.

ARTICLE II

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

900 Biscayne Boulevard
Unit 3401
Miami, Florida 33132

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:

GILBERT A. CONTRERAS, ESQUIRE
141 Almeria Avenue,
Coral Gables, Florida 33134

The undersigned has executed these Articles of Organization on this 7 day of May, 2012.

Gilbert A. Contreras Esq., authorized representative

12 MAY - 3 AM 7:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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, GARAGE 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 GILBERT A. CONTRERAS, ESQUIRE, whose address is 141 ALMERIA AVENUE, CORAL GABLES, FLORIDA 33134, 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

12 MAY -3 AM 7:42
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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