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# FLORIDA LIMITED LIABILITY CO. ARTECITY APARTAMENTOS, LLC

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTECITY APARTAMENTOS, LLC

## ARTICLE 1

The name of the limited liability company shall be: ARTECITY APARTAMENTOS, LLC

## ARTICLE H

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

224 E. COMMERCIAL BLVD., STE. 302 LAUDERDALE BY THE SEA, FLORIDA 33308

#### 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:

ADOLFO VILLOSLADA MARTIN 224 E. COMMERCIAL BLVD., STE. 302 LAUDERDALE BY THE SEA, FLORIDA 33308

### ARTICLE V

The limited liability company is to be managed by a managing member.

The undersigned has executed these Articles of Organization on this August, 2012.

Adolfo Yilloslada Martin

12 AUG 14 AM 10: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIS

APPROYECT

day of

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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, ARTECITY APARTAMENTOS, 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 ADOLFO VILLOSLADA MARTIN, whose address is 224 E. COMMERCIAL BLVD., STE. 302 LAUDERDALE BY THE SEA, FLORIDA 33308, 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

Adolfo Villostada Wartin. Registered Agent

SECRETARY OF STATE

AND