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Division of Corporations

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FLORIDA LIMITED LIABILITY CO. CIBELES PROPERTIES OF SOUTH FLORIDA, LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:							
Cibeles	PROPERTIES	or South	FLORIDA, LLC				
(Must end wit	th the words "Limited Liability Comp	pany, "L.L.C.," or "LLC.")					

Mailing Address:

ARTICLE II - Address:

Principal Office Address:

ARTICLE I - Name:

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual business entity with an active Florida registration.)	gnature: or another	
The name and the Florida street address of the registered agent are:		
ARMANDO MANRIQUE	SECRE SECRE	
7781 NW 56 TH ST.	AUG 24	F
Florida street address (P.O. Box NOT acceptable) Miami FL 33/66		ED.
City, State, and Zip	87 Z	
Having been named as registered agent and to accept service of process for the abbiliability company at the place designated in this certificate, I hereby accept the apregistered agent and agree to act in this capacity. I further agree to comply with the statutes relating to the proper and complete performance of my duties, and I am far accept the obligations of my position as registered agent as provided for in Chap Registered Agent's signature (REQUIRED) (CONTINUED)	ppointment of provisions miliar with o	as of all 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	
1	MGRM	NURIA MANRIQUE
		7701 1011 570 74 57
	MGRM	11.8100 St. 22.16.10
-		MILLIANT FC 25/00
	MGRM	ARMANDO MANRIQUE
	100711	777774000 1017717516
-		1/0/ NW 30/11/3/
1		1910M1 TC 33166
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ł	(Use attachment if necessary)	
	ARTICLE V: Effective date, if other than the	
		be specific and cannot be more than five business days prior
ŧ	o or 90 days after the date of filing.)	
1		2 5
١		N P N
l	REQUIRED SIGNATURE: /	N SEE FILE
l	$\overline{}$	Monda Be S B
l	VI	
ľ	- A	SULLAN 65 \$
١	Signature of a mem	bor or an authorized representative of a member.
	1	
ſ	(In accordance with section 6	08.408(3), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.
ļ	I am aware that any falsa info	ormation submitted in a document to the Department of State
	constitutes a third degree feld	ony as provided for in s.817.155, F.S.)
	HRIN	ANDO MANRIQUE
1	1, -1, -1, -1, -1, -1, -1, -1, -1, -1, -	1 T T E. 2007 T T T T T T T T T T T T T T T T T T
		Typed or printed name of signee

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