

07/24/2030 02:01

#4855 001/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850) 617-6383

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FLORIDA LIMITED LIABILITY CO.
VEDADO PLAZA MANAGEMENT, LLC

Certificate of Status	1
Certified Copy	0
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Estimated Charge	\$130.00

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H12000224086

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

VEDADO PLAZA MANAGEMENT, LLC
 (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:

3671 SW 139 CT
MIAMI, FL 33175

SAHE

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

NANCY M. RAMOS
 Name

3671 SW 139 CT
 Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33175
 City, State, and Zip

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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.

N. Ramos
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H12000224086

H12000224086

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGRM**Name and Address:**

Nancy M. Ramos
 3671 SW 139 CT.
 MIAMI FL 33175

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Nancy M. Ramos.

Typed or printed name of signee

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