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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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**FLORIDA LIMITED LIABILITY CO.
ILUSTRIA GROUP, LLC**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I

The Name of the Limited Liability Company shall be :

ILUSTRIA GROUP, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is: 299 ALHAMBRA CIRCLE, SUITE 401, CORAL GABLES, FL 33134

ARTICLE IV

The name of the Managing Member(S) shall be:

MANAGING MEMBER
JULIO A. CASTRO ROCA
299 ALHAMBRA CIRCLE SUITE 401
CORAL GABLES, FL 33134

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ARTICLE V

The name and Florida street address of the registered agent shall be:

JUAN J. QUINTANA
299 ALHAMBRA CIRCLE SUITE 401
CORAL GABLES, FL 33134

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

ILUSTRIA GROUP, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



Signature of Registered Agent



Signature of a member or an authorized representative of a member.

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(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)

JUAN J. QUINTANA

Typed or printed name signee

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