Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

(850) 617-6383

From:

Account Name

LAZARUS CORPORATE FILING SERVICE, INC.

Account Number :

I20000000019

Phone

(305) 552-5973

Fax Number

(305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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SECRETARY OF STATE

FLORIDA LIMITED LIABILITY CO. MIAMI FAMILY INVESTMENT, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

K.SALY EXAMINER JAN 1 3 2014

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2014 JAN 10 AM 8: 37

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY CONFRANÇA PARTE TARY OF STATE TARY OF STATE ORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI FAMILY INVESTMENT, 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:

409 SW 29TH AVE.

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 regustration)

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

Florida street address (P.O. Box NOT acceptable)

City FL 33135

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 eccept 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 duries, and I am familiar with and accept the obligations of my position as registered agent as provided for in

(CONTINUED)

Page 1 of 2

H14000007832

ARTICLE IV- The name and address of each person authors	
Fitle: 'AMBR'' = Authorized Member	Name and Address:
'MGR" = Manager	
MER	CARLOS E. TARRAU
	409 SW 29#AUZ.
	LIAM, FL 33135
HER	MAGGA N. VALOES
	AND SW 29TH ANT
	MAGOA W. VALOES 409 SW 29TH ANE LIAMI, FL 33135
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(Use attachment if necessary)	
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