Florida Department of State

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To:

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Fax Number : (850)617-6383

From:

Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.

Account Number : 076624003440

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Email Address:

FLORIDA LIMITED LIABILITY CO. 9465 NW 52 DORAL LN, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

HI4000014024 3

ARTICLES OF ORGANIZATION

OF

9465 NW 52 DORAL LN, LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I

The name of this Limited Liability Company is: 9465 NW 52 DORAL LN, LLC

ARTICLE II GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV

The principal office of this Limited Liability Company in the State of Florida is 1400 NW 107 AVE UNIT 201 MIAMI, FL 33172. The mailing address of this Company in the State of Florida is P.O. BOX 720046, MIAMI, FL 33172-0001. The Managers may from time to time move the principal office to another address in Florida.

ARTICLE V REGISTERED OFFICE, REGISTERED AGENT

That 9465 NW 52 DORAL LN, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

HE4000014024 3

ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The initial Manager shall be:

LOS CAUQUENES CORP., of c/o 1400 NW 107 Ave, Unit 201 Miami, FL 33172

WITNESS the hand and seal of 17 th day of January, 2014	f the Authorized Person, in Coral (Gables, Florida, the	
	By: Carlos F. Arazoza Authorized Person	2014 334 2	
STATE OF FLORIDA)		
COUNTY OF MIAMI-DADE) SS:)		
PERSONALLY appeared before me, Carlos F. Arazoza, as Authorized Person, for and on behalf of the entity, who is personally known to me, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.			
WITNESS my hand and seal at 2014	Miami-Dade County, Florida this	17 th day of January,	

LAURA KOHN
MY COMMASSION # EE 177665
EXPIRES; May 16, 2016
flonded Thru Notiny Friefo Underwiers

STATE OF FLORIDA AT LARGE

My commission expires:

H14000014024 3

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That 9465 NW 52 DORAL LN, LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named ARAZOZA & FERNANDEZ FRAGA P.A., as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

> REGISTERED AGENT Arazoza & Fernandez-Pfaga P.A

Carlos K. Arazoza Director

January 17, 2014