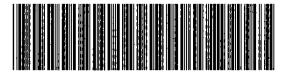
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(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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EFFECTIVE DATE

COVER LETTER

	egistration Section ivision of Corporations	·	
SUBJECT	. Crave Gra	een LLC	
	Name of Lin	nited Liability Company	
The enclos	ed Articles of Organization and fee(s) ar	e submitted for filing.	
Please retu	rn all correspondence concerning this ma		
	Gabriella r	novello, esq.	
	Gray Robins	Firm/Company	
	1221 Br	icken Am Suite	1600
	mianif	C 33131	
	gabriella · m E-mail address: (t	ity/State and Zip Code OCIO C gray - Pb o be used for future annual report notification	on) Con
For further	information concerning this matter, plea	ise call:	
<u> </u>	Name of Person	Area Code Daytime Telephone Number	er
Enclosed is	s a check for the following amount: iling Fee \$\int\\$130.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification.	0 Filing Fee, cate of Status & cd Copy al copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	HILED 14 JAN 21 AN SECRETANI SET FALLANDSSED FLO

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
	Wave(-2001	116			
(Must end with the words				.LC.")	_	
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of	f the Limited I	iability Compa	ıny is:		
Principal Office Address:	Mailing Add	dress:				
4025 SW 1020 Smeet mignific 33134		1221 B 12100	ncteli <u>A</u>	vę . L 3313	- <u>1</u>	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as another business entity with an active Florida registered).	s its own Regist			ate an indiv	⁄idual (or
The name and the Florida street address of the r	egistered agent	are:				
<u>cabriella</u>	a morell	0,259	•			
1221Bno	Name	, ,	10/1600			
1221Bno	Kell A	U SM	1616a)		
Florida street address (•	, 21			
miami City	F	r <u>l 33</u> Zip	101			
City		Zip				
Having been named as registered agent and to a the place designated in this certificate, I here capacity. I further agree to comply with the prof my duties, and I am familiar with and acce	eby accept the aprovisions of all s	ppointment as tatutes relating ns of my positions	registered agen to the proper t	t and agree and complei	to act te perfe	in this ormance
	s Signature (R	REQUIRED)				
	ONTINUED)					
	Page 1 of 2			SECRETARY OF STA	14 JAN 21 MT 7	FILED

<u> Fitle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	Sun alla Dallania callania
<u>migr</u>	Kunclusa Bellanisa La Hagirane 4025 SW 1017 Street
	MLYMI, PL33139
A ((-)-A-14 - 1 - 1 - 2
irgo	1221 Buildine Sur 1600
•	mign FL 33131
200	
ingv	rick danese esq.
•	migni, FLONICE 33131
mgr.	gary cornor, esq.
•	1221 Brillett Are Syletboo
Use attachment if necessary)	
•	
	11.1000011
V: Effective date, if other than the date	of filing: 1/16/2014 (OPTIONAL)
V: Effective date, if other than the date tive date is listed, the date must be spe	of filing: 1/16/2014 (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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