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2/19/2014

FAX No.

P.000003

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

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FLORIDA LIMITED LIABILITY CO.
ALAL 4445 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FEB 20 2014

A. LUNT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALAL 4445 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:444 BRICKELL AVESAMESUITE 760MIAMI FL 33131

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:

ALBERTO LAMADRID

Name

444 BRICKELL AVE SUITE 760Florida street address (P.O. Box NOT acceptable)MIAMI

City

FL 33131

Zip

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 605, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

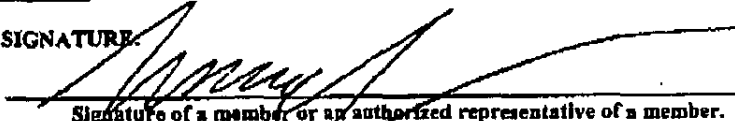
"MGR" = Manager

AMBR**Name and Address:**ALICIA LAMADRID444 BRICKELL AVE SUITE 780MIAMI, FL 33131AMBRALBERTO LAMADRID444 BRICKELL AVE SUITE 780MIAMI, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/14/2014 (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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**


 Signature of a member or an authorized representative of a member.
 (In accordance with section 605.0203 (1)(b), 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.)

ALBERTO LAMADRID

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
 \$ 30.00 Certified Copy (Optional)
 \$ 5.00 Certificate of Status (Optional)

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