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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 637-6383

From:

Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
BLUE LAGOON PHOS 5091, LLC.**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF**

BLUE LAGOON PHOS 5091, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

BLUE LAGOON PHOS 5091, LLC.

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

**5646 NW 101ST COURT
DORAL, FL. 33178**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

FRANCISCO N. MELE VILA

5646 NW 101ST COURT

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

DORAL, FL. 33178

City, State, and Zip

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

16 FEB 20 10 01 13
NOTARY PUBLIC
CLARA GIRALDO

H14 0000 411793

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.,

X 
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

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

FRANCISCO N. MELE VILA
5646 NW 101ST COURT
DORAL, FL. 33178

MANAGER

SARA VILA CARDAMA DE MELE
5646 NW 101ST COURT
DORAL, FL. 33178

MANAGER

(An additional article must be added if an effective date is requested)

X 
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.)

FRANCISCO N. MELE VILA
Typed or printed name of signee

14 FEB 20 18 41 19
CLARA GIRALDO P.A.