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To:	Division of Corp Fax Number ;		3	
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14 FEB 21 PM 4: 34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	FLORIDA LII TWO C Certificate of Status Certified Copy Page Count Estimated Charge	MITED LIABI ARGO LOG I	• •	FEB 2 5 2018 A LUNT

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	ARTICL	ES OF ORGANIZATION	FOR FLORIDA LIN	THE DILABILITY COM		3	1
ARTICLE I		lability Company is:			FLOR	5	
•	Two	CARGO	109	LLC	Đị.		
	(Mus	t end with the words "L	imited Liability Co	mpany, "L.L.C.," or "L	LC.")		
ARTICLE II		reet address of the princ	nipal office of the L	imited Liability Compa	ny is:		
			1				

2801 NW 74th AUE STE 109 2501 NW 74th AUE STE 109 MIAMI, #1 33/22 MIAMI, #1.9312}

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:

IN A NITA MIRANCA

Name

11341 NW 4211 TERR

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

MIAMI

City 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 anti-accept the obligations of my position as registered agent as provided for in Chapter 605, E.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-	HE TAR
The name and address of each person aut	thorized to manage and control the Limited Liability Company:
Title: "AMBR" = Awhorized Member "MGR" = Manager HGRM	MARITER MIRANDA
	11341 NOW 42 NO TERM MIAMI, Fl. 33178
MGRH	Martha Baptista
	17635 5W BH St. PEMBLOKE PINES, #1. 33
(Use attachment if necessary)	
EV: Effective date, if other than the date ective date is listed, the date must be spenfilling.)	of filing: (OPTIONAL) settic and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 9
EV: Effective date, if other than the date ective date is listed, the date must be spent filing.)	of filing: (OPTIONAL) settle and cannot be more than five business days prior to or 94
E V: Effective date, if other than the date entire date is listed, the date must be spenf filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a medical constitutes an affirmation under lam aware that any false inform	of filing:

Page 2 of 2