Florida Department of State

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(((H140001046383)))



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FLORIDA LIMITED LIABILITY CO. DO BOX SERVICES LLC

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ARTICLES OF ORGANIZATION

OF

DO BOX SERVICES LLC

ARTICLE 1

The name of the limited liability company formed hereby is DO BOX SERVICES LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

978 NE 193 Terrace Miami, FL 33179

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

l'abian A. Pal, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131 Audit No. H 14000104638 3

ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

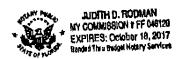
Nathalie J. Belilty 978 NE 193 Terrace Miami, FL 33179

Fabian A. Pal, as Authorized Representative of the Member

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

BEFORE ME personally appeared Fabian A. Pal, as Authorized Representative of the Member, \boxtimes who is personally known to me, or \square who produced as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this 30th day of April, 2014.



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CERTIFICATE OF DESIGNATION OF RESIDENT AGENT

AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is DO BOX SERVICES LLC.
- 2. The name and address of the Registered Agent and Office is:

Fabian A. Pal, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

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 Certifleate, 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.

	Fabian A. Mal, Registered Agent Date: 4/30/14	20 <u>1</u>	
DO BOX SERVJCES LLC			errogo increasing parties
		P	,
As Authorized Representative of the Member		STATE STATE	

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