Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
ARIA 4208, LLC

Certificate of Status	1
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JUL 25 2014
J. HARRIS

Attention Jenna D. Harris

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July 24, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC

SUBJECT: ARIA 4208, LLC
REF: W14000045244

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Name of the registered agent is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

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DIVISION OF CORPORATIONS

P.O BOX 6327 – Tallahassee, Florida 32314

H14000175188

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

ARIA 4208, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

15901 ABERDEEN WAY
MIAMI LAKES FL
33014

ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: *(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.)*

GUSTAVO Emilio Conde Cabrera JR.
15901 ABERDEEN WAY
MIAMI LAKES FL 33014

ARTICLE IV-
The name and title of each person authorized to manage and control the Limited Liability Company:

(MGRM) GUSTAVO Emilio Conde Cabrera JR.
(MGRM) GUSTAVO Emilio Conde DELFINO SR.

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Required Signatures:

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.

GUSTAVO E. CONDE JR

Typed or printed name of signee

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)

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