## over Sheet

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(((H14000178106 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

from:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973 Fax Number : (305)675-5944

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

7m⇒i7	Address:	

## FLORIDA LIMITED LIABILITY CO. SOBRARBE 1706 INVESTMENT, LLC

Certificate of Status	. 1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

JUL 30 2014

S YOUNG

## L14000119454

July 29, 2014

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: SOBRARBE 1706 INVESTMENT, LLC

REF: W14000046333

We have received your document for SOBRARBE 1706 INVESTMENT, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia H Young Regulatory Specialist II FAX Aud. #: E14000178106. Letter Number: 114A00016186

A JUL 29 PH 4: 37
SECRETARY OF STATE
ALLARASSEE, FLORIDA

S. YOUNG

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION I	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:	
SOBRARBE 1706 INVESTMENT, I	LC
(Must end with the words "Lin	mited Liability Company, "L.L.C.," or "L.L.C.")
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1300 BRICKELL BAY DR UNIT #1706	1300 BRICKELL BAY DR UNIT #1706
MIAMI, FL 33131	MIAMI, FL 33131
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida registered.)	own Registered Agent. You must designate an incividual or
The name and the Florida street address of the regis	_
MANUEL FES CER	
<b>)</b>	Name
	BAY DR UNIT #1706
Florida street address (P.O	
MIAMI	33131 FL 33131
City	Zip
the place designated in this certificate, I hereby of capacity. I further agree to comply with the provis of my duties, and I am familiar with and accept the Registered Agent's (CONT	ept service of process for the above stated limited lichility company accept the appointment as registered agent and agree to act in this close of all statutes relating to the proper and commete performance the obligations of my position as registered agent as provided for in Chapter 1855.  Shoottime (PLOUIRED)  AND STATE
	三年 2

08/09/2032 04:45 JUL-29-2014 14:49

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Menugen	
"MGR" = Manager	CERVERA GROUP HOLDINGS S.A.
	1300 BRICKELL BAY DR UNIT #
	MIAMI, FL 33131
MGR	MANUEL FES CERVERA
,	1300 BRICKELL BAY OR UNIT # MIAMI, FL 33131
MGR	ANA CAROLINA ROJAS ROJAS
	1300 BRICKELL BRY DR UNIT #
	MIAMI,FL 33131
(Use attachment if necessary)	`
ective date is listed, the date must of filing.)  E. VI: Other provisions, if any.	e date of filing:
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