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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

7950 OFFICE CENTER, LLC

Signature \_\_\_\_\_

Requested by: SETH

10/21/14

Name

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Time

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\_\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_\_ Courier \_\_\_\_\_

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**ARTICLES OF ORGANIZATION**  
**OF**  
**7950 OFFICE CENTER, LLC**

Each undersigned individual, being either a member or the authorized representative of a member, hereby presents these Articles of Organization to the Department of State of the State of Florida in accordance with Chapter 605, Florida Statutes, for the formation of a limited liability company under the laws of the State of Florida.

**ARTICLE I**

The name of the limited liability company (the "Company") is 7950 OFFICE CENTER, LLC.

**ARTICLE II**

Unless and until the Company is dissolved by the unanimous consent of the members or by law, the Company will exist in perpetuity from the date of the filing of these Articles with the Florida Department of State.

**ARTICLE III**

The mailing address and street address of the Company's principal business office is:

6705 Red Road PH 604  
Coral Gables, FL 33143

#### ARTICLE IV

The name of the initial registered agent and the street address of the initial registered office for service of process in the State of Florida are as follows. Attached to these Articles is a written statement from the registered agent as required by Florida Statute §605.0113.

Registered Agent

Louis Archambault

Address of Registered Office

c/o Pathman Lewis, LLP  
One Biscayne Tower, Suite 2400  
2 South Biscayne Boulevard  
Miami, FL 33131

#### ARTICLE V

The business of the Company shall be managed by one or more members. The Company shall be a member-managed Company. The address of each Member(s) is as follows:

Title

MEMBER

Name and Address

Jose I. Juncadella  
2627 South Bayshore Drive  
Apt. 1101  
Coconut Grove, FL 33133

MEMBER

Maria G. Juncadella  
2627 South Bayshore Drive  
Apt. 1101  
Coconut Grove, FL 33133

MEMBER

F. Antonio Puente  
9820 S.W. 106<sup>th</sup> Avenue  
Miami, FL 33176

MEMBER

Orlando Roche  
7940 S.W. 97<sup>th</sup> Street  
Miami, FL 33156

MEMBER

Jonathan C. Lay  
2301 Collins Avenue  
Apt. 834  
Miami Beach, FL 33139

## ARTICLE VI

The Company may exercise any powers, without limitation whatsoever, which a limited liability company may legally exercise under the laws of the State of Florida.

IN WITNESS WHEREOF, the undersigned authorized representative of the Company has hereunto executed these Articles of Organization this 21 day of October, 2014.

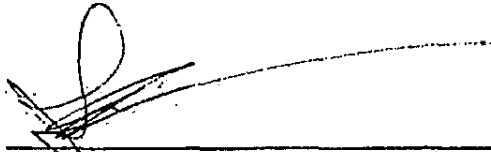
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F. Antonio Puente  
Member



**ACCEPTANCE OF REGISTERED AGENT**

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.

  
\_\_\_\_\_  
Louis P. Archambault

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