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(((H14000272914 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

Phone : (305)552-5973

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

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FLORIDA LIMITED LIABILITY CO. FRIGATE 2045 NW 69 TERR LLC

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November 25, 2014

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: FRIGATE 2045 NW 69 TERR LLC

REF: W14000070737

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.

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Karen A Saly Regulatory Specialist II FAX Aud. #: H14000272914 Letter Number: 714A00024993

WECETTED

14 NOV 25 AH 10: 00

SUBJECT OF GOVERNMENT OF STREET OF

P.O BOX 6327 - Tallahassee, Florida 32314

MPANY LLAHASSEE. STATE LORIDA

ARTICLES OF ORGANIZATION FOR

FOR Street
FLORIDA LIMITED LIABILITY COMPANY LAHAS
ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
FRIGATE 2045 NW 69 Terr LI
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
710 Zamora Ave.
Coral Gables FL 33134
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.)
710 Zamora Ave.
Coral Gables FL 33134
Alex Menendez
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:
Alex Menendez (MGRM)
Carlos Fernanciez (MGRM)

Page 1 of 2

#4753 P.004/004 2014 NOV 25 AM 10: 54

Required Signatures:

Mauril Q

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.

ALEX MENENDEZ
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)