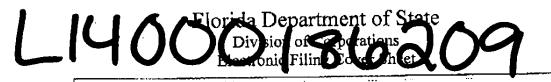
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Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ABALLI MILNE KALIL, P.A.

Account Number : 073123001732

: (305)373-6600

Phone Fax Number

: (305)373-7929

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

Email Address:

Cremandez @ aballi.com

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## FLORIDA LIMITED LIABILITY CO. OPTION LLC

Certificate of Status	0
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December 4, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ABALLI MILNE KALIL, P.A.

SUBJECT: OPTION LLC REF: W14000072390 SECRETARY OF STATE DIVISION OF CORPORATIONS

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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is L01000019838.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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 FAX Aud. #: H14000278082 Letter Number: 114A00025583

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### **ARTICLES OF ORGANIZATION**

**OF** 

#### **OPTION MIAMILLO**

#### a Florida Limited Liability Company

## ARTICLE I

The name of the limited liability company (the "company") shall be OPTION MIAMI LLC.

## ARTICLE II

One S.E. Third Avenue, Suite 2250 Miami, FL 33131

# ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

AMKE REGISTERED AGENTS, L.L.C. One S.E. Third Avenue, Suite 2250 Miami, Florida 33131

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this Certificate, I hereby

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Arturo J. Aballi One S.E. Third Ave., Suite 2250 Miaml, Florida 33131 Tel: (305) 373-6500 Florida Bar # 166383 SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO

#### H14000278082 3

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.

AMKE REGISTERED AGENTS, L.L.C.

Arturo J. Aballi Manager

## ARTICLE IV MANAGEMENT

The name and address of each person authorized to manage the Limited Liability Company:

Fernando Oliver Irarrazaval Rosal 377, Oficina F Santiago, Chile

Manager

Raimundo Page Rosselot Rosal 377, Oficina F Santiago, Chile

Manager

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization this 4 day of December, 2014.

AMKE Registered Agents, L.L.C.

Arturo J. Aballi

Manager

Arturo J. Aballi One S.E. Third Ave., Suite 2250 Miami, Florida 33131 Tel: (305) 373-6600 Florida Bar # 166383 SECURETARY OF STATE OF STATE OF CORPORATIONS

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