LI4000 I4II04

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit
number (shown below) on the top and bottom of all pages of the document.

(((H14000289145 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this
page. Doing so will generate another cover sheet.**

To:

     Division of Corporations
     Fax Number   : (850)617-6383

From:

     Account Name   : ELIAS BRUZUAL
     Account Number : I20140000003
     Phone   : (786)302-9728
     Fax Number   : (954)727-9755

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

Email Address:___MANUELg.solorzauo @ Gmail.coM.___

RECEIVED
14 DEC 15 AM 10: 00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FILED
14 DEC 15 PM 12: 36

FLORIDA LIMITED LIABILITY CO.
L RECOVERING 2014 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$125.00

DEC 1 6 2014

~~S. YOUNG~~

Electronic Filing Menu   Corporate Filing Menu   Help

(H14000289145 3)

ARTICLES OF ORGANIZATION OF
L RECOVERING 2014 , LLC.

The undersigned certify that we have associated ourselves together for the purpose of becoming in a limited liability company under the Laws of the State of Florida, Chapter 605, Florida Limited Liability Company Act, providing for the formation, rights, privileges, and immunities of limited liabilities companies for profit. We further declare that the following Articles shall serve as the Chapter and authority for the conduct of business of the limited liability company.

ARTICLE I
NAME

The name of this Limited Liability Company shall be L RECOVERING 2014, LLC (the "Company").

ARTICLE II
PRINCIPAL PLACE OF BUSINESS

The principal place of business of the Company shall be   16171 Blatt Boulevard Apt 112, Weston Fl 33326, and such other place or places as the member from time to time may determine. The mailing address of the Company is 16171 Blatt Boulevard Apt 112, Weston Fl 33326.

ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT

The initial registered agent of the Company shall be DAVID STONE, ESQ.
The address of the initial registered agent is 915 Miami Center, 201 S. Biscayne Boulevard, Miami, Fl 33131.

ARTICLE IV
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager –managed company. The names and address of the managers who will serve as managers until the first annual meeting of the member or until their successors are elected and qualified in accordance with the Operating Agreement or applicable law are.

FRANCISCO BLASINI   **MANUEL SOLORZANO**
16171 Blatt Boulevard   16171 Blatt Boulevard
Apt 112, Weston Fl 33326   Apt 112, Weston Fl 33326

ARTICLE V
DURATION

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

(H 14000 289 145 3)

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 15ʰ day of December, 2014, effective upon filing same with the Florida Department of State.

BY: _____

DAVID STONE, ESQ., Authorized Representative

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT DESIGNATING ITS REGISTERED OFFICE AND REGISTERED AGENT IN FLORIDA.

1. The name of the limited liability company is:

   L RECOVERING 2014, LLC

2. The name and address of the registered agent and office is:

   915 Miami Center, 201 S. Biscayne Boulevard, Miami, Fl 33131

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, REGISTERED AGENT HEREBY ACCEPTS THE APPOINTMENT AS REGISTERED AGENT AND AGREES TO ACT IN THIS CAPACITY. REGISTERED AGENT FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND IS FAMILIAR WITH AND ACCEPTS THE DUTIES AND OBLIGATIONS OF ITS POSITION AS REGISTERED AGENT.

DAVID STONE, ESQ., REGISTERED AGENT

Date: ___12· 15·2014___