Division of

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.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. VILLAS AT SALAMANCA, LLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 04 |
| Estimated Charge | \$160.00 |

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JAN - 8 2015

T. BROWN

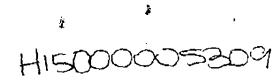
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COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|--|---|--|
| SUBJECT: Villos at | Salamanca, LLC Name of Lic | nited Liability Company | |
| The enclosed Articles o | f Organization and fee(s) a | re submitted for filing. | |
| Please return all corresp | ondence concerning this m | after to the following: | |
| Thomas G | Sherman, Esc. | Name of Person | |
| Law Office | s of Thomas G. Sherma | n, P.A. Firm/Company | |
| 90 Almeris | A Ave. | Address | |
| Coral Gab | es. FL 33134 | City/State and Zip Code | |
| Tom@uniontitles | orvices.com E-mail address: (to be use | d for future annual report notifica | ution) |
| For further information | concerning this matter, plea | ase call: | |
| Thomas G. Sherman Name | of Person at (| 305) 448 - 5898 Area Code Daytime Te | lephono Number |
| Enclosed is a check for | the following amount: | | |
| S125.00 Filing Fee | S130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☑ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regist Divisi P.O. E | ng Address ration Section on of Corporations 30x 6327 nassec, FL 32314 | Street/Courier Add Registration Section Division of Corporal Clifton Building 2661 Executive Cent | lions |

Tallahassee, FL 32301

PAGE 02/04

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ARTICLE I - Name: The name of the Limited Liability Company is:

Villas at Salamanca, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

 Villas at Salamanca, LLC
 Villas at Salamanca, LLC

 2829 Bird Ave., Ste 5 # 201
 2829 Bird Ave., Ste 5 # 201

 Miaml, FL 33133
 Mlaml, FL 33133

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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.)

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

Francisco J. Siman

Name

2829 Bird Ave., Ste 5 # 201

Florida street address (P.O. Box NOT acceptable)

Miami FI, 33133

City Zip

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)

(CONTINUED)

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| Title: | Name and Address: | | |
|---|--|--|--|
| "AMBR" = Authorized Member | | | |
| "MGR" = Manager | MCNAA NIJI BARA NI G | | |
| MGR | FEMA Holdings, LLC. 2829 Bird Ave., Ste 5 # 201. | | |
| | Miami, FL 33133 | | |
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| (Use attachment if necessary) | | | |
| ARTICLE V: Effective date, if other than the date of fili | (OPTIONAL) | | |
| ARTICLE VI Effective date, if other man the date of his Herm effective dure is lighted, the date which he energific: | and cannot be more than five business days prior to or 90 days after | | |
| the date of filing.) | and the state of t | | |
| | | | |
| ARTICLE VI: Other provisions, if any. | | | |
| | | | |
| | | | |
| REQUIRED SIGNATURE: | (h | | |
| No private and in the state | | | |
| | | | |
| Signature of a member | or an authorized representative of a member. 3 (1) (b), Florida Statutes, the execution of this document | | |
| constitutes an affirmation under the | penalties of perjury that the facts stated herein are true. | | |
| l am aware that any false information | n submitted in a document to the Department of State | | |
| constitutes a third degree felony as p | rovided for in s.817,155, F.S.) | | |

Francisco J. Siman, as Manager of FEMA Holdings LLC.
Typed or printed name of signee

Filing Fues:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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