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FAX No.

P. 001

3/5/2015

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Florida Department of State

Division of Corporations

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15 MAR -5 AM 10:00

FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATE
REGISTRATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
3575 1ST AVE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

15 MAR -5 PM 12:09

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MAR 06 2015

S. YOUNG

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3575 1st Ave. 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:1543 Alcala Avenue
Coral Gables, Florida 33134Mailing Address:P.O. Box 145486
CORAL GABLES, FL 33114-5486

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:

Grueninger Law Group, P.A.
Name267 Minorca Avenue, Suite 100
Florida street address (P.O. Box NOT acceptable)Coral Gables FL 33134
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 606, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MOR" = Manager

AMBRName and Address:Javier D. Yanes1543 Alcala AvenueCoral Gables, Florida 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any.REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.
(In accordance with section 605.9203 (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.)

Javier D. Yanes

Typed or printed name of signee

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