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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000017  
Phone : (305)485-9300  
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15 MAR 24 AM 10:00  
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REGISTRATION DIVISION  
INFORMATION SERVICES

15 MAR 24 AM 9:52  
FILED  
STATE OF FLORIDA  
TALLAHASSEE

FLORIDA LIMITED LIABILITY CO.  
DIMARCHENA 214, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

H15 0000 7425 23

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

DIMARCHENA 214, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

DIMARCHENA 214, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

100 FONTAINEBLEAU BLVD # 403 MIAMI, FL. 33172

The mailing address shall be:

100 FONTAINEBLEAU BLVD # 403 MIAMI, FL. 33172

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

IHOSVANY MARCHENA

100 FONTAINEBLEAU BLVD # 403

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

MIAMI, FL. 33172

City, State, and Zip

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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

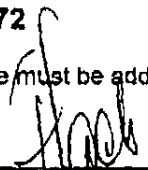
ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**IHOVSANY MARCHENA**  
100 FONTAINEBLEAU BLVD # 403  
MIAMI, FL. 33172

**MANAGER**

(An additional article must be added if an effective date is requested)

  
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.)

**IHOVSANY MARCHENA**  
Typed or printed name of signee

THE STOCKHOLDER'S FOR THIS ORGANIZATION IS:

<b>DIANFRANCO MARCHENA</b>	<b>10%</b>
<b>IHOVSANY MARCHENA</b>	<b>90%</b>

STATE OF FLORIDA  
COUNTY OF MIAMI  
15 MAR 24 AM 9:52  
MARCHENA