

APR/22/2015 WED 12:04

4/22/2015

FAX

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
PAVER MASTER LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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APR/22/2015/WED 12:04 PM

FAX No.

2.002

FILED  
2015 APR 22 PM 12:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FAVER MASTER 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:

9870 NW 117TH WAY

9870 NW 117TH WAY

MEDLEY, FL 33178

MEDLEY, FL 33178

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:

Miguel A. Hernandez, CPA

Name:

C/O 8500 West Flagler Street Suite B208

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

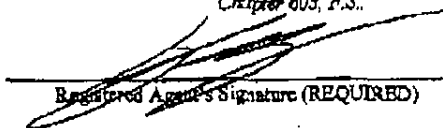
Miami

City

FL 33144

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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CLERK OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGRMGRName and Address:JUREK KOCK9870 NW 117TH WAYMEDLEY, FL 33178SALVADOR HASBUN9870 NW 117TH WAYMEDLEY, FL 33178

(Use attachment if necessary)

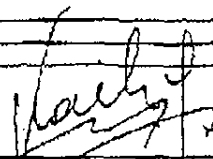
ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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:

X



Signature of a member or an authorized representative of a member.  
 (In accordance with section 605.03 (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. 17.153, F.S.)

JUREK KOCKJUREK Kock

Typed or printed name of signer