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FLORIDA LIMITED LIABILITY CO. RALGIN LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00

SEP 1 2015

S. GILBERT

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4		COMPANY 15 SEP - 1 AM 7:30
ARTICLES OF ORGANIZA	TION FOR FLORIDA LIMITED LIABILITY	COMPANY 15 SEP - 1 ALL
ARTICLE I - Name:		# 7:30
The name of the Limited Liability Company i	is:	COMPANY 13 SEP-1 AM 7:30
RALGIN LLC		The Contract of the Contract o
	ds "Limited Liability Company, "L.L.C.,"	or 'TLC")
ARTICLE II - Address: The mailing address and street address of the Principal Office Ad	•	
Fracipal Office Au	<u>uress</u> : <u>n</u>	Mailing Address:
253 NE 2ND ST STE 8085	253 NE 2ND \$T \$TE 8085	
MIAMI, FL 33132	MIAMI, FL 331	32
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve another business entity with an active Florida	as its own Registered Agent. You must de	are: esignate an individual or
The name and the Florida street address of the	e registered agent are:	
AVEL A C	GONZALEZ Name	
2688 SW	137 AVE reet address (P.O. Box <u>NOT</u> acceptable)	

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 firther 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.

FL

State

MIAMI

City

Registered Agent's Signature (REQUIRED)

33175

Zip

(CONTINUED)

Page 1 of 2

MGR* = Manager MMBR RAFAEL GINER HIDALGO 253 NE 2ND ST STE 8085 MIAMI, FL 33132 AMBR ESTHER OLAVARRIETA 253 NE 2ND ST STE 8085 MIAMI, FL 33132 AMBR ALONDRA GINER HIDALGO 253 NE 2ND ST STE 8085 MIAMI, FL 33132 ALONDRA GINER HIDALGO 253 NE 2ND ST STE 8085 MIAMI, FL 33132 Use attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) the date is listed, the date must be specific and cannot be more than five business days prior to or filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will rent's effective date on the Department of State's records. VI: Other provisions, if any. EOUTRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes 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. RAFAEL GINER HIDALGO Typed or printed name of signee	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
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