

**Florida Department of State**  
**Division of Corporations**  
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To: Division of Corporations  
 Fax Number : (850)617-6381

From: Account Name : CLARA GIRALDO, P.A.  
 Account Number : I19990000017  
 Phone : (305)485-9300  
 Fax Number : (305)485-1098

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

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**FLORIDA LIMITED LIABILITY CO.**  
**PENINSULA 8 CHAVES RAMIREZ,LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
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 TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**PENINSULA 8 CHAVES RAMIREZ, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**PENINSULA 8 CHAVES RAMIREZ, LLC**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**2674 N FEDERAL HIGHWAY TH 8  
BOYNTON BEACH FL 33435**

The mailing address shall be:

**2674 N FEDERAL HIGHWAY TH 8  
BOYNTON BEACH FL 33435**

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

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

**ANGELA RAMIREZ**

**2674 N FEDERAL HIGHWAY TH 8  
Florida street address ( P.O.BOX NOT acceptable)  
BOYNTON BEACH FL 33435  
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.


ANGELA RAMIREZ  
2674 N FEDERAL HIGHWAY TH 8  
BOYNTON BEACH FL 33435

MANAGER

NELSON CHAVES  
2674 N FEDERAL HIGHWAY TH 8  
BOYNTON BEACH FL 33435

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.)

ANGELA RAMIREZ  
Typed or printed name of signee