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(((H15000276585 3)))



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..To:

Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC

Account Number : 120000000019

Phone

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FLORIDA LIMITED LIABILITY CO. MIRACLE MILE APARTMENTS L.L.C.

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08/30/2033 07:13

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THE TOWERS OF QUAYSIDE

04:20:29 p.m. 11-18-2015

H15000276585

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA

ARTICLE 1 - Name:

The name of the Limited Liability Company is: (Must end with the words Timited Liability Company, "LLC," or TLC.)

miracle mile apartments L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4000 towerside terrace, apt # 1509 mann FL 33138

ARTICLE III - Registered Agent, Registered Office:

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

John J. Obando, 4000 towerside terrace, apt # 1508 Mianni FL 33138

ARTICLE IV-

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

John J. Obando - manager member Santiago obando - manager member

Page 1 of 2

THE TOWERS OF QUAYSIDE

04:20:41 p.m.

11-18-2015

H15000276585

Required Signatures:

themad

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. 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.

John J. Obando

Typed or printed name of signee

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)