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Florida Department of State
Division of Corporations
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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

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FLORIDA LIMITED LIABILITY CO.
MIA P. SERVICES, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

MIA P. SERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MIA P. SERVICES, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**14613 SW 11TH STREET
MIAMI FL, 33184**

The mailing address shall be:

**14613 SW 11TH STREET
MIAMI FL, 33184**

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

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

**EMILIO PONTE LUNAR
14613 SW 11TH STREET**

Florida street address (P.O.BOX NOT acceptable)
MIAMI FL, 33184
City, State, and Zip

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4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

(H160000409723,

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.

EMILIO PONTE LUNAR
14613 SW 11TH STREET
MIAMI FL, 33184

MANAGER

ELIZABETH RUMANZEW
14613 SW 11TH STREET
MIAMI FL, 33184

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.)

EMILIO PONTE LUNAR

Typed or printed name of signee

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

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