

APR/12/2016/TUE 03:32 PM

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Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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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.
DWELCOME HOME LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 APR 12 PM 11:30

TLH
4-13-16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DWELCOME HOME 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:13190 SW 134 st
Suite 106
MIAMI FL 3318613190 SW 134 st
Suite 106
MIAMI FL 33186

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:

Humberto Aranda Jandra

Name

13190 SW 134 st Suite 106

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

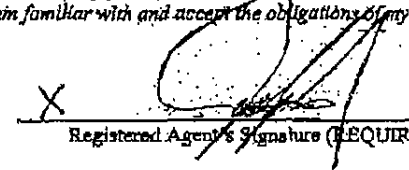
Miami

City

FL33186

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


X
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

16 APR 12 AM 11:30
SECRETARY 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

MGRM**Name and Address:**

35% Humberto Aranda Jadra
13190 SW 134 St Suite 106
Miami, FL 33186

MGRM

24% Susana X Mejia Galan Hernandez
13190 SW 134 St Suite 106
Miami, FL 33186

MGRM

40% Ximena Aranda Mejia Galan
13190 SW 134 St Suite 106
Miami, FL 33186

MGRM

10% Juan Jose Platas Carrera
13190 SW 134 St Suite 106
Miami, FL 33186

(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 605.0203 (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.)

Humberto Aranda Jadra

Typed or printed name of signer