

04/01/2016 13:02

(FAX)

P.001/003

Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
TRIFECTA 7320 BISCAYNE, LLC

Certificate of Status	1
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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

TRIFECTA 7320 BISCAYNE, LLC

**ARTICLE II
ADDRESS**

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

Mailing Address:
635 HARBOR DR
KEY BISCAYNE, FL 33149

Principal Office Address:
635 HARBOR DR
KEY BISCAYNE, FL 33149

**ARTICLE III
REGISTERED AGENT AND REGISTERED OFFICE**

The name and street address of the registered agent is:

Maria A. Hudson, Esq.
Stolzenberg Gelles Flynn & Arango, LLP
1401 Brickell Avenue, Suite 825
Miami, Florida 33131

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.



Maria A. Hudson, Esq., Registered Agent

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**ARTICLE IV
MANAGEMENT**

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

AMBR:	TRIFECTA PARTNERS, INC.
<i>Authorized Member</i>	635 HARBOR DR
	KEY BISCAVNE, FL 33149



Maria A. Hudson, Esq., *Authorized Representative*

(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.)

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