Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

6355 LLC

| Certificate of Status | 0 |
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | 6355 LL | c | | | |
|---|--|--|--|------------------|--|
| (Must end | with the words "Limited. | Liability Company | "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street a | ddress of the principal of | fice of the Limited | .iability Company is: | | |
| Princip | al Office Address: | | Mailing Address: | | |
| 8095 N.W. 64th Stre | æt | 8095 | N.W. 64th Street | | |
| | | | | | |
| Miami, Florida 3316 ARTICLE III - Registered Ag The Limited Liability Company | ent, Registered Office, & cannot serve as its own) | Mian Registered Agent Registered Agent | tl, Florida 33166 | 16 APR | æ: |
| Miami, Florida 3316 ARTICLE III - Registered Ag The Limited Liability Company another business entity with an | ent, Registered Office, & camot serve as its own lactive Florida registration address of the registered Bernardo Duran 8095 N.W. 64th Street | Mian Registered Agent Registered Agent Name | tl, Florida 33166 e's Signature: ou must designate an individual or | 6 | the state of the s |
| Miami, Florida 3316 ARTICLE III - Registered Ag | ent, Registered Office, & camot serve as its own l active Florida registration address of the registered Bernardo Duran | Mian Registered Agent Registered Agent Name (P.O. Box NOT ac | tl, Florida 33166 e's Signature: ou must designate an individual or | 6 APR -4 PM \$:5 | ii. |

Having been named as registered agant and to accept service of process for the above stated limited liability company at the place designated in this cartificate, I hereby accept the appointment as registered agant 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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

| R" = Authorized Member " = Manager Bernardo Duran | |
|--|------------------|
| Bernardo Duran | |
| | |
| | |
| 8095 N.W. 64th Street | |
| Miami, Florida 33166 | <u>(20</u> |
| Y -1- > 4-1- | 1:41 |
| Luis Medero | |
| P.O Box 453903 | <u> </u> |
| Miami, Florid 33245 | <u> </u> |
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| Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statut I am aware that any false information submitted in a document to the Department of Statut. | r 90 day |
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