

04/13/2016 09:13

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SEAL OF THE STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
HONDUR MANAGEMENT, LLC**

Certificate of Status	1
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Page Count	03
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April 11, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: HONDUR MANAGEMENT, LLC
REF: W16000026602

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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Tim Burch
Regulatory Specialist II

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HONDUR MANAGEMENT, 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:701 SW 62 AVEMIAMI, FL 33144Mailing Address:701 SW 62 AVEMIAMI, FL 33144

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:

IRIS NODAL

Name

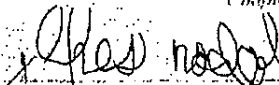
701 SW 62 AVEFlorida street address (P.O. Box NOT acceptable)MIAMI

City

FL 33144

Zip

Having been named as registered agent and to accept service of process for the above named 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)

(CONTINUED)

Page 1 of 2

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ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

AMBR

Name and Address:

IRIS NODAL

701 SW 62 AVE

MIAMI, FL 33144

NELSON S. NODAL

701 SW 62 AVE

MIAMI, FL 33144

(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 *iris nodal*

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.)

IRIS NODAL

Typed or printed name of signer

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