

**L16000080986**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
MD 10255, LLC**

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

H1600010339

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
APR 26 AM 11:40

**ARTICLE I – Name:** The name of the Limited Liability Company is:

**MD 10255, 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:**

11251 NW 20<sup>th</sup> Street Suite 119  
Miami, FL 33172

11251 NW 20<sup>th</sup> Street Suite 119  
Miami, FL 33172

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**Julio Ignacio Gonzalez**

11251 NW 20<sup>th</sup> Street, Suite 119  
Miami, FL 33172

*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.*

DocuSigned by:  
*Julio Ignacio Gonzalez* 26/04/2016  
E4328AC461264CF  
**Registered Agent's Signature**

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**ARTICLE IV -- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

**MGR**

**Julio Ignacio Gonzalez**

**MGR**

**Susana Criado**

**REQUIRED SIGNATURE:**

DocuSigned by:  
*Julio Ignacio Gonzalez* 26/04/2016  
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**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.)

**Julio Ignacio Gonzalez**

\_\_\_\_\_  
Typed or printed name of signee

16 APR 26 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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