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Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6381

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
MD 10255, LLC**

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

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APR 27 2016

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

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:

11251 NW 20th Street Suite 119
Miami, FL 33172

Mailing Address:

11251 NW 20th 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 20th 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.

Designated by:

Julio Ignacio Gonzalez 6/04/2016

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Registered Agent's Signature

(CONTINUED)

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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 signee16 APR 26 AM 11:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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