

**L16000086031**

**Florida Department of State  
Division of Corporations  
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**To:**

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

**From:**

Account Name : CLARA GIRALDO, P.A.  
Account Number : 119990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
1258 MARSEILLE DRIVE, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	<b>\$130.00</b>

**RECEIVED**

16 MAY -5 PM 2:51

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

**1258 MARSEILLE DRIVE, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**1258 MARSEILLE DRIVE, LLC**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**7220 RUE NOTRE DAME  
MIAMI BEACH FL, 33141**

The mailing address shall be:

**7220 RUE NOTRE DAME  
MIAMI BEACH FL, 33141**

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**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**ESTEBAN AGUILA**

**7220 RUE NOTRE DAME**  
Florida street address ( P.O.BOX NOT acceptable)  
**MIAMI BEACH FL, 33141**  
City, State, and Zip

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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.

  
REGISTERED AGENT'S SIGNATURE

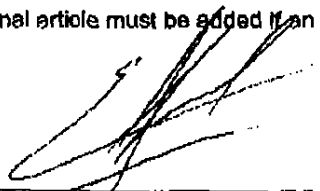
#### ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**ESTEBAN AGUILA**  
7220 RUE NOTRE DAME  
MIAMI BEACH FL, 33141

**MANAGER**

(An additional article must be added if an effective date is requested)

  
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.)

**ESTEBAN AGUILA**

Typed or printed name of signee

CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33155  
PH.: (305) 485-9300

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