

# L16000093294

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 : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
MARKET 305,LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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

**MARKET 305,LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**MARKET 305,LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**15965 NW 22 AVE  
MIAMI,FL 33054**

The mailing address shall be:

**15965 NW 22 AVE  
MIAMI,FL 33054**

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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:


**JAMES ROJAS**

**15965 NW 22 AVE**  
Florida street address ( P.O.BOX NOT acceptable)  
**MIAMI FL, 33054**  
City, State, and Zip

**CLARA GIRALDO P.A.  
4080 SW 84 AVENUE SUITE C  
MIAMI, FL 33156  
PH.: (305) 485-9300**

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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..

X   
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.


JAMES ROJAS  
15965 NW 22 AVE  
MIAMI, FL 33054

MANAGER

JESSICA CRUZ  
15965 NW 22 AVE  
MIAMI, FL 33054

MANAGER

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

X   
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.)

JAMES ROJAS

Typed or printed name of signee

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