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To:

Division of Corporations

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

Email Address:_

<u>;</u>; S. 9

FLORIDA LIMITED LIABILITY CO. **AROUIDEK 107 LLC**

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

| rincipal Utilice Address: | Mailing Address: |
|---------------------------|------------------|
| 3900 NW 79th AUD) | 3900 NW 7ath he |
| Suite 800. | - Suite 800 |
| Doral #6 33166 | Doral #4 33/66 |
| | |

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:

| *] |
|-----|
| ., |
| |

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 (R

(CONTINUED)

Page 1 of 2

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| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member "MGR" = Manager | Ameridak 2 100 |
| AMBL | Arquidek 3, ce |
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| E V: Effective date, if other than extive date is listed, the date must filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature (In accordance with constitutes an affir | of a member or an authorized representative of a member. section 605.0203 (1) (b). Florida Statutes, the execution of this document hation under the penalties of perjury that the facts stated herein are true. |
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Page 2 of 2