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FLORIDA LIMITED LIABILITY CO. 5300 PASEO 506 LLC

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JUL 2 5 2016

T. SCOTT

H16000176923

ARTICLES OF ORGANIZATION FOR FLORID MINITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Con	apany	İŞ

5300 PAS	BO 506 LLC
(Must end with the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Malling Address:
7882 NW 52 STREET	7882 NW 52 STRBET
DORAL, FLORIDA 33166	DORAL, FLORIDA 33166

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;

AL	ESI DI MARTINO	
	Name	
7882 N	W 52 STREET	
	ss (P.O. Box <u>NOT</u> acce	ptable)
DORAL	FLORIDA	33166
City	State	Zip

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 duttes, and I am familiar with and accept the obligations of my position as registered agent of provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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H16000176923

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	ALES <u>I DI MARTINO</u>
	7882 NW 52 STREET
	DORAL, FLORIDA 33166
•	
(Use attachment if necessary)	re of filling · (ODTTONAL)
CLE V: Effective date, if other than the dat effective date is listed, the date must be set of filing.) If the date inserted in this block does not becoment's effective date on the Department.	ne of filing: ———————————————————————————————————
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