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FAX No

Division of Corporations

P 001

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
MI RINCON LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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FAX No.

P.002

850-617-6381

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July 28, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EXPRESS CORPORATE FILING SERVICES INC.

SUBJECT: MI RINCON LLC

REF: W16000052402

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Valerie Herring
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000180396
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FAX No.

P.003

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16 AUG -3 AM 9:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MI RINCON LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

7146 NW 103 PATH
DORAL, FL 33178

Mailing Address:

7146 NW 103 PATH
DORAL, FL 33178

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:

JOSE HUMBERTO RINCON PARRA

Name

7146 NW 103 PATH

Florida street address (P.O. Box **NOT** acceptable)

<u>DORAL</u>	<u>FL</u>	<u>33178</u>
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 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 (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR**Name and Address:**JOSE HUMBERTO RINCON PARRA7146 NW 103 PATHDORAL, FL 33178MGRCARMEN LUISA LEDEZMA ANDRADE7146 NW 103 PATHDORAL, FL 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JOSE HUMBERTO RINCON PARRA

Typed or printed name of signer