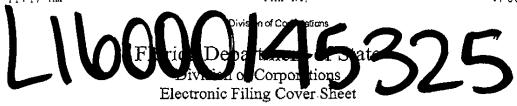
8/5/2016



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

Email Address:

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

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

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## FLORIDA LIMITED LIABILITY CO. E G 2016 INVESTMENTS, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

16 NG -5 AM 9: 20
SERETARY OF STATE
ALL AHASSET FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	Δ	RI	П	ct	E.	T.	. N	ame	•
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The name of the Limited Liability Company is:

E G 2016 INVESTMENTS, L.L.C.

(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:

Mailing Address:

751 NE 195th STREET NORTH MIAMI BEACH, FL 33179 751 NE 195th STREET NORTH MIAMI BEACH, FL 33179

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:

TITRENTUM, CORP.

Name

751 NE 195th STREET

Plorida street address (P.O. Box NOT acceptable)

NORTH MIAMI BEACH FL

33179

City

2ip

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)

Page 1 of 2

16 AUG -5 AM 9: 20
SECRETARY DE STATE
ALLAHASSE DE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MOR	TITRENIUM, CORP.
	751 NE 195th STREET
	NORTH MIAMI BEACH, FL 33179
MGR.	GUSTAVO FRANCISCO GONZALEZ
	10180 NW 30th CT. APT 308
	SUNRISE, FL 33322
(Use attachment if necessary)	
•	the date of filing (OPTIONAL)
CLE V: Effective date, if other than	the date of filing: (OPTIONAL)  st be specific and cannot be more than five business days prior to or 90 days
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Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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