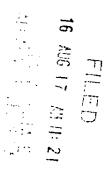
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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1.	Inversion	nes	117, 6	LC				_
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	New Filings 4
	Profit
	Non-Profit
X	Limited Liability
	Other:

	Amendments
	Amendments
	Resignation
	Dissolution/Withdrawal
	Other:
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Other Filings
Annual Report
Fictitious Name
Apostille:
 Other:

Examiners Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 16 AUG 17 AM 11: 21

ARTICLE	l - Name:
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ame of the Limited Liability Company is:	\dot{i}
Inversiones 117, LLC	
(Must end with the words "Limited Lial	oility Company, "L.L.C.," or "LLC.")
CLE II - Address: ailing address and street address of the principal office Principal Office Address:	of the Limited Liability Company is: Malling Address:
ailing address and street address of the principal office	,
ailing address and street address of the principal office Principal Office Address:	Mailing Address:

(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:

Name	
999 Ponce de Leon Blvd Suite 705	
Florida street address (P.O. Box NO	T acceptable)
Coral Gables Florida	33134
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 felating 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

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. Hazkel Puterman Typed or printed name of signce Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent	AGR" = Manager Hazkel Puterman 999 Ponce de Leon Blvd #705	<u> Fitle:</u>		Name and Address:
MGR Hazkel Puterman 999 Ponce de Leon Blvd #705	Hazkel Puterman 999 Ponce de Leon Blvd #705	AMBR = A	uthorized Member	
MGR Nora Puterman 999 Ponce de Leon Blvd #705 Coral Gables, FL 33134 Use attachment if necessary) EV: Effective date, if other than the date of filing:	999 Ponce de Leon Blvd #705 Coral Gables, FL 33134 Nora Puterman 999 Ponce de Leon Blvd #705 Coral Gables, FL 33134 See attachment if necessary) V: Effective date, if other than the date of filing: (OPTIONAL) ive date is listed, the date must be specific and cannot be more than five business days prior to or silling.) date inserted in this block does not meet the applicable statutory filing requirements, this date will in mi's effective date on the Department of State's records. VI: Other provisions, if any. COUIRED 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. Hazkel Puterman Typed or printed name of signee Filling Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent			·
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ARTICLE IV-

Page 2 of 2