	Note: Please p	Electronic Filing Cover Sheet rint this page and use it as a cover sheet. Type the fa n below) on the top and bottom of all pages of the docu	x audit number ment.
	((((H16000232394 3)))	
	Note: DO NOT	Thit the REFRESH/RELOAD button on your browser Doing so will generate another cover sheet.	from this page.
		vision of Corporations x Number : (850)617-6381	
	Ac Ac Ph Fa William Fa William the Annual	count Name : BUSINESS FILINGS count Number : 105256001620 one : (608)827-5300 x Number : (608)827-5501 email address for this business entity to be used report mailings. Enter only one email address plo address: <u>gent cbizfiling s-com</u>	for future sase.**
	7 31 20 - 53 20 - 55 20 - 55 20 20 - 55 20 20 20 - 55 20 20 - 55 20 20 20 - 55 20 20 20 20 20 20 20 20 20 20 20 20 20	FLORIDA LIMITED LIABILITY CO. Consorcio DC LLC	F 16 SEP TALLAH
		Certificate of Status0Certified Copy1Page Count03Estimated Charge\$155.00	FILED P 19 AH 9: 46 JANY OF STATE HASSEE, FLORIDA
		ىلەنىن مۇر مۇرىيى بىرى تىك بۇيك بۇر مىك بىر مىك بىرى بىرى بىرى بىرى بىرى بىرى بىرى بى	

i *

i.

ļ

DO 9/20/16

.

FAX AUDIT # H160002323943

ARTICLES OF ORGANIZATION OF Consorcio DC LLC

ARTICLE I NAME

The name of the limited liability company is: Consorcio DC LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be: 576 NE 191 St, Miami, Florida 33179.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Business Filings Incorporated, 1200 South Pine Island Road, Plantation, Florida 33324. Located in the County of Broward.

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, Thereby 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.

Signature:

Mark Williams, A.V.P. Business Filings Incorporated

Date: September 16, 2016

:6 HY 61

ARTICLE IV MANAGERS/MEMBERS

The management of the limited liability company is reserved for the managers and the name and address of the manager of the Limited Liability Company is: Freddy Hurtado, 576 NE 191 St, Miami, Florida 33179

FAX AUDIT # ______ H160002323943

To:

2016-09-19 11:07:34 CST 16082372310 From: CLS-CTSB-BFI BFI Processing Fax

FAX AUDIT #_ H16000 2323943

ARTICLE V DURATION

Authorized Representative

The duration for the limited liability company shall be: Perpetual.

Freddy Humado, Organizer

Date: Sept. 19th, 2016

(In accordance with section 605.0203:(1) (b), Florida Statutes, the execution of this document, constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

16 SEP FILED 19 AN 9: ę

3

FAX AUDIT # H16000 23239 43