Division of Corporat

Pege 1 of 1

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations Fax Number : (850)617-6381

From:

Account Name	: CORP USA
Account Number	: 072450003255
Phone	: (305)634-3694
Fax Number	: (305)633-9696

-10 300 Enail Address: റ 2 FLORIDA LIMITED LIABILITY CO. ទា 2608 NORMANDY, LLC ÛÛ Certificate of Status 0 دى Certified Copy 1 1., { | (đ 03 Page Count Estimated Charge \$155.00 <71 \sim J. FASON Corporate Filing Menu OCT 0 5 2016 **Electronic Filing Menu** Help

			4160	0024793
ARTIC	LES OF ORGANIZATION FOR	FLORIDA LIMITED I	LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited I	Liability Company is;			
	ly, LLC., a Floridi limited list st end with the words "Limited		** I C "at TIC"	
ARTICLE II - Address:				
-	treet address of the principal o	thice of the Lamited 1	Liabelity Company 18: <u>Mailing Ado</u>	tress:
2137 NW 2nd		2137	NW 2nd Ayenue	
Miaini, FL 331			u, FL 33127	
(The Limited Lizbility Con another business entity wi	ed Agent, Registered Office, mpany cannot serve as its own ith an active Florids registratio street address of the registered	Registered Agent. Y n.) l agent are:	'ou must designate an i	ndividual or
	Geoue S. Zamora, Es	4. Name		
	3191 Coral Way, Sui Florida street address		ceptable)	
	Miami	FL	33145	
	City	State	Zip	
παιγκέ θέει καπές αντέξιν	tered agent and to accept servi ificate. I hereby accept the appo the provisions of all stantes re	sistenen as registered	d agent and agree to ac and complete performa	t in this capacity. 1 nce of my duties, and 1
place designated in this cert further agree to comply with	the obligations of my position	us ritgister di ageni as	re (REQUIRED)	
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PAGE 02/03

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ARTICLE IV- The name and address of each person as	athorized to manage and control the Limited Lizbility Company:
Title: "AMBR" - Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Rativol Codeño
	2137 NW 2nd Avenue
	Miami. FL 33127
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(Use attachment if necessary)	
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