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

From:
Account Name : CLARA GIRALDO, P.A.
Account Number : I19990000017
Phone : (305)485-9300
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BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
MAHOGANY BUILDERS & SERVICES, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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OCT 10 2016

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

MAHOGANY BUILDERS & SERVICES, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

MAHOGANY BUILDERS & SERVICES, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**1540 SW 159 AVE
PEMBROKE PINES, FL 33027**

The mailing address shall be:

**1540 SW 159 AVE
PEMBROKE PINES, FL 33027**

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**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**FERNANDO FUENMAYOR
1540 SW 159 AVE**

Florida Street address (P.O.BOX NOT acceptable)
PEMBROKE PINES, FL 33027
City, State, and Zip

**CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300**

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..

X 
REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

FERNANDO FUENMAYOR
1540 SW 159 AVE
PEMBROKE PINES, FL 33027

MANAGER

JORGE GUTIERREZ
12850 WEST STATE ROAD 84 # 3-20
DAVIE, FL 33325

MANAGER

(An additional article must be added if an effective date is requested)

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

(In accordance with section 806.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FERNANDO FUENMAYOR
Typed or printed name of signee

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300