

NOV/07/2016/MON 12:42 PM

FAX No.

P. 001/000

11/7/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
PW DADE HOLDINGS LLC

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

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NOV 08 2016

T. SCOTT

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

ARTICLE I- Name

The name of the Limited Liability Company is:

PW DADE HOLDINGS LLC

ARTICLE II- Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address
13532 SW 13 TERRACE
MIAMI FLORIDA 33184

Mailing Address
13532 SW 13 TERRACE
MIAMI FLORIDA 33184

ARTICLES III-

Other provisions if any

ANY PURPOSE

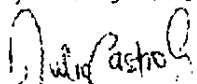
ARTICLES IV- Register Agent, Register Office & Register Agent's Signature:)

(The Liability Company cannot serve as its own Register 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:

JULIO ENRIQUE CASTRO
13532 SW 13 TERRACE
MIAMI FLORIDA 33184

Having been named as register 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 register 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 register agent as provided for in Chapter 605 FS



Registered Agent's Signature (REQUIRED)

16 NOV - 7 AM 10:56

ARTICLES V- Manager (s) or Managing Member (s) of each Manager or Managing Member is as follows:

Title:

JULIO ENRIQUE CASTRO AMGR' = Manager
SARA LEON AMGR' = Manager

Name

Address:

JULIO ENRIQUE CASTRO

13532 SW 13 TERRACE
MIAMI FLORIDA 33184

SARA LEON

13532 SW 13 TERRACE
MIAMI FLORIDA 33184

ARTICLE VI: effective date, if other than the date filing 01/01/17 (if an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date filing)

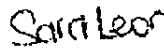
REQUIRED SIGNATURE:

Sara Leon

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.


JULIO ENRIQUE CASTRO


SARA LEON