

DEC/12/2016/MON 02:13

12/12/2016

U600022444  
FAX No.  
Division of Corporations

001/006

Florida Department of State  
Division of Corporations  
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FLORIDA LIMITED LIABILITY CO.  
ABRO LLC

Certificate of Status	0
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16 DEC 12 PM 2:43  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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

**ARTICLE I**

*The name of the Limited Liability Company and Effective day is:*

**ABRO LLC**

*(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation  
"LLC," or "L.C.,")*

**ARTICLE II**

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

**Principal Office Address**  
3390 MARY STREET STE #270  
MIAMI, FL 33133

**Mailing Address**  
3390 MARY STREET STE #270  
MIAMI, FL 33133

16 DEC 12 PM 2:43  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF MIAMI  
RECEIVED  
FILED  
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**ARTICLE III**

***Registered Agent, Registered Office, & Registered Agent's Signature:***

*(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:*

**R&P ACCOUNTING & TAXES, INC**

Name

**200 SE 1<sup>ST</sup> STREET, SUITE #604**

*Florida Street address (P.O. Box NOT acceptable)*

**MIAMI, FL 33131**

*FL City, State, and 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 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 (REQUIRED)***

#### **ARTICLE IV**

**MGR=Manager(s) or AMBR= AUTHORIZED Member(s):** *The name and address of each Person authorized to manage and control the Limited Liability Company:*

##### **Title:**

**ABBOS ABRARPOUR**  
**3390 MARY STREET STE #270**  
**MIAMI, FL 33133**

**AUTHORIZED MEMBER**

**50%**

**BRUNO BENEVIDES**  
**3390 MARY STREET STE #270**  
**MIAMI, FL 33133**

**AUTHORIZED MEMBER**

**50%**

#### **ARTICLE V**

*Effective date, if other than the date of filing (OPTIONAL)*  
*(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 of filing.)*

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FAX No.

P. 005/006

**REQUIRED: SIGNATURE**

X   
Signature of a member or an authorized representative of a member.  
**BRUNO BENEVIDES**

X   
Signature of a member or an authorized representative of a member,  
**ABBOS ABRARFOUR**

*(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.)*

**ARTICLE VI**

**The Florida Limited Liability Company will engage in any activity or business permitted under the laws of the State of Florida and the United States of America.**

**The main objective of the company is HOLDING COMPANY**

### ARTICLE III

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X

**Registered Agent's Signature (REQUIRED)**