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### Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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December 12, 2016

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FLORIDA DEPARTMENT OF STATE LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: 900BV, LLC REF: W16000082678

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

If you have any further questions concerning your document, please call (850) 245-6052.

KYLE D BRUMBLEY Regulatory Specialist II New Filing Section

FAX Aud. #: H16000302551 Letter Number: 916A00026337

P.O BOX 6327 - Tallahassee, Florida 32314

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### H16000302551

#### ARTICLES OF ORGANIZATION FOR FLORIDAL IMPORTATION LIABILITY COMPANY

#### ARTICLE I - Names

The name of the Limited Liability Company is:

900BV, LLC

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

#### ARTICLE II - Address:

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

Principal Office Address	Maining Address:
900 S.W. 8TH ST UNIT# 604 MIAML FL 33130	12420 S.W. 96TH ST MIAMI, FL 33186

#### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signatures

(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:

	NA P. GONZALE	2
	Namo	
12	120 S.W. 96TH ST	·
Florida street address		
	FL	33186
City	State	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 cartificane. 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 complute 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.

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Registered Agent's Signature (REQUERED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" - Authorized Member	
"MGR" = Manager	FIDEL GONZALEZ
AMBR	12420 S.W. 96TH STREET
	MIAMI, FL 33186
4 4 <b>/</b> 77 <sup>Th</sup>	GINA P. GONZALEZ
AMBR	12420 S.W. 96TH STREET
	GINA P. GONZALEZ 12420 S.W. S6TH STREET MIAMI, FL 33186
	an a

(Use attachment if necessary)

\_. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: 1/1/2017 (If an effictive 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 filling.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed an the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

BROUNKED (	IGNATORE:
	Signature of a member or an authorized representative of a member. This document is precised in accordance with section 605.0203 (1) (0), Florida Statuse I am aware that shy false information submitted in a document to the Department of Stat constitutes a third degree felony as provided for in s.817.155, F.S.
	GINA P. GONZALEZ
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