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| (| Requestor's Name) |
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| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
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| Certified Copies | Certificates of Status |
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COVER LETTER

| TO: | Registration Section Division of Corporations |
|-----------|--|
| CUD II | ARTURO ARTILES PARTNERS, LLC. |
| SUBJI | Name of Limited Liability Company |
| The en | closed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | ARTURO ARTILES |
| | Name of Person |
| | ARTURO ARTILES PARTNERS, LLC. |
| | Firm/Company |
| | 7888 WEST 29th LANE #101 |
| | Address |
| | HIALEAH FL. 33018 |
| | City/State and Zip Code arturoartiles0901@yahoo.com |
| | E-mail address: (to be used for future annual report notification) |
| For furtl | ner information concerning this matter, please call: |
| | ARTURO ARTILES 305 796-7440 at () |
| | Name of Person Area Code Daytime Telephone Number |
| Enclos | ed is a check for the following amount: |
| \$125.0 | 10 Filing Fee \$\ \text{Certificate of Status} \] \$130.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed) \$160.00 Filing Fee, \text{Certificate of Status & Certified Copy} \\ (additional copy is enclosed) |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | | FILED | | D |
|--|--|--|--|--|------------|
| The name of the Limited Liability | Company is: | | | 2017 JAN -4 | AM 7: 00 |
| | ARTURO ARTI | LES PARTNEI | RS, LLC. | SEURE HANY | OF STALE |
| (Must end v | with the words "Limited | l Liability Com | pany, "L.L.C.," or "LLC | SALLARASSEI S | E. FLORIDA |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal o | office of the Lin | | _ | |
| <u>Princips</u> | l Office Address: | | <u>Mailing</u> | Address: | |
| 7888 WEST 29th LANE #101 | | | 7888 WEST 29th LANE #101 | | |
| HILALEAH FL 3301 | 8 | | HIALEAH FL, 33018 | | _ |
| another business entity with an a The name and the Florida street a | ddress of the registered | , | ILES | _ | |
| | 7888 | WEST 29th LA | NE #101 | | |
| | Florida street addres | s (P.O. Box NC | T acceptable) | | |
| | HIALEAH | FL | 33018 | | |
| | City | State | Zip | | |
| Having been named as registered a place designated in this certificate, further agree to comply with the pram familiar with and accept the obt | I hereby accept the app ovisions of all statutes re ligations of my position | ointment as reg elating to the pr as registered ag | istered agent and agree oper and complete perfo | to act in this capac ormance of my duti | city. I |

(CONTINUED)

Page 1 of 2

| Title: "AMBR" = Author | zed Member | Name and Address: | 2017 JAN -4 AM 7: 0 |
|--|---|--|---|
| "MGR" = Manager AMBR | | ARTURO ARTILES | SECULARASSEE. FLORID |
| | | 7888 WEST 29th LANE #101 HIALEAH FL, 33018 | TORIO |
| MGR | | ARTURO ARTILES | |
| | | 7888 WEST 29th LANE #101 HIALEAH FL, 33018 | |
| | | | |
| | | | |
| | | | |
| | | | |
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| (Use attachment if r | · | | |
| ARTICLE V: Effective date (If an effective date is listed, the date of filing.) Note: If the date inserted in | if other than the date of fili the date must be specific this block does not meet the | ne applicable statutory filing require | (OPTIONAL) iness days prior to or 90 days after ements, this date will not be listed as |
| ARTICLE V: Effective date (If an effective date is listed, the date of filing.) Note: If the date inserted in the document's effective date | if other than the date of fili the date must be specific this block does not meet the on the Department of Sta | and cannot be more than five busine applicable statutory filing require | iness days prior to or 90 days after |
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| ARTICLE V: Effective date (If an effective date is listed, the date of filing.) Note: If the date inserted in the document's effective date | if other than the date of filithe date must be specificathis block does not meet the on the Department of Statons, if any. | and cannot be more than five busine applicable statutory filing require te's records. | iness days prior to or 90 days after |
| ARTICLE V: Effective date (If an effective date is listed, the date of filing.) Note: If the date inserted in the document's effective dat ARTICLE VI: Other provision REQUIRED SIGN This I ar | if other than the date of filithe date must be specificathis block does not meet the on the Department of States, if any. ATURE: Signature of a member is document is executed in aware that any false infor | and cannot be more than five busine applicable statutory filing require | of a member. (1) (b), Florida Statutes. the Department of State |
| ARTICLE V: Effective date (If an effective date is listed, the date of filing.) Note: If the date inserted in the document's effective date article VI: Other provision REQUIRED SIGN This I ar | if other than the date of filithe date must be specificathis block does not meet the on the Department of States, if any. ATURE: Signature of a member is document is executed in a ware that any false inforstitutes a third degree felor. | and cannot be more than five busine applicable statutory filing require te's records. or an authorized representative accordance with section 605.0203 (mation submitted in a document to | of a member. (1) (b), Florida Statutes. the Department of State |

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)