

**L17000060708**

**Florida Department of State  
Division of Corporations  
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17 MAR 17 AM 10:12  
DEPARTMENT OF STATE  
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**FLORIDA LIMITED LIABILITY CO.  
FULFORD DEVELOPMENT LLC**

Certificate of Status	1
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Page Count	03
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Electronic Filing Menu

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Help

REC-101

17 MAR 17 PM 4:58

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
ELECTRONIC FILING SERVICES

44 3/20/17

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

Fulford Development LLC

**ARTICLE II - Address:**

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

1000 Brickell Ave  
Suite 640  
Miami FL 33131

**ARTICLE III - Registered Agent, Registered Office:**

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

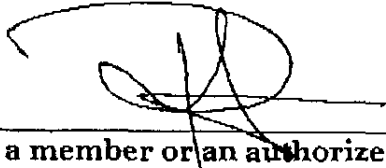
Pablo Andres Peñuela  
1000 Brickell Ave Suite 640  
Miami FL 33131

**ARTICLE IV-**

The name and title of each person authorized to manage and control the Limited Liability Company:

Roberto De Asis Ramos (Ambr)  
Pablo Andres Peñuela (Ambr.)

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**Required Signatures:****Signature of a member or an authorized representative of a member.**

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.

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.

ROBERTO DE ASIS RAMOS**Typed or printed name of signee**

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..

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

17 MAR 17 AM 12:12  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

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