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FLORIDA LIMITED LIABILITY CO. DICED 3, LLC

Certificate of Status	1
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The name of	- Name: the Limited Liability Company is: (Must end with the words Limited Liability Company,
	DICED 3 LLC
ARTICLE I The mailing Company is:	Address: address and street address of the principal office of the Limited Liability 9050 S DIXIE HWY 5
·	miami, FL 33156
The name as	II - Registered Agent, Registered Office: Ind the Florida street address of the registered agent are: (The Limited Liability It serve as its own Registered Agent. You must designate an individual or another business entity Ilorida registration.)
_	Age RE Services, LLC 3162 Commodore plaza suite 3E, Coconet Grove, FC 33133
_	suite 3E, Coconet Grove, FC 33133
ARTICLE) The name at Liability Cor	nd title of each person authorized to manage and control the Limited
·	Restaurant Development, LLC (MANAGER)
	(MANAGER)
٠,	

H17000098424



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, P.S.

Angel Fernandez in
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

Registered Agent's Signature (REQUIRED)

in Chapter 605, F.S.