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**Florida Department of State
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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
3FM PROPERTIES, LLC**

Certificate of Status	0
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N. SAMS

MAY 05 2017

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3FM PROPERTIES, LLC

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

16919 N. BAY ROAD

APT. 215

SUNNY ISLES BEACH, FL 33160

Mailing Address:

16919 N. BAY ROAD APT. 215

APT. 215

SUNNY ISLES BEACH, FL 33160

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:

CABANAS & ASSOCIATES PA

Name

10520 NW 26TH STREET STE. C-201

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

DORAL

FL

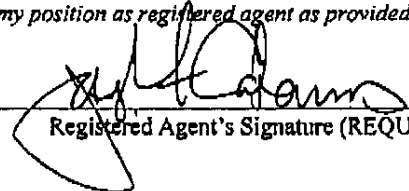
33172

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 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)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MARIA LILLYAM OCHOA DE OSSA

16919 N. BAY ROAD APT. 215

SUNNY ISLES BEACH, FL 33160

AMBR

LILLYAM MARIA OSSA OCHOA

16919 N. BAY ROAD APT. 215

SUNNY ISLES BEACH, FL 33160

MGR

JAIME H. ARBELAEZ

16919 N. BAY ROAD APT. 215

SUNNY ISLES BEACH, FL 33160

(Use attachment if necessary)

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.)

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

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Jaime H. Arbelaez

Typed or printed name of signee

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