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Division of Corporations

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Florida Department of State  
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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : AKERMAN LLP - MIAMI  
Account Number : 075471001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Manuel, Leyna @ Akerman, Co, Inc

FLORIDA LIMITED LIABILITY CO.  
F&K MIAMI GROUP LLC

Certificate of Status	1
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INFORMATION SERVICES

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**ARTICLES OF ORGANIZATION  
OF  
F&K MIAMI GROUP LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is **F&K MIAMI GROUP LLC**

**ARTICLE II: - Address**

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

**Berenise Felchen  
950 SW 57<sup>th</sup> Avenue  
Miami, FL 33144**

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**NRAI SERVICES, INC.  
1200 S. Pine Island Road  
Plantation, FL 33324**

*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.*

**NRAI SERVICES, INC.**

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Judith Arpaio  
Vice President  
and Assistant Secretary**

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by one Authorized Member or more Authorized Members and is, therefore, a member - managed company.

**ARTICLE V: - Manager(s) or Authorized Member(s)**

The name and address of the Authorized Member is as follows:

**AMBR Berenise Felchen  
950 SW 57<sup>th</sup> Avenue  
Miami, FL 33144**

**Berenise Felchen, Authorized Representative**

(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.)

**Berenise Felchen**  
Typed or printed name of signee

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**MIAMI, FLORIDA**