

Florida Department of State  
Division of Corporations  
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# L17000141225

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(((H17000170963 3)))



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To:

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

From:

Account Name : SALOMON B. ESQUENAZI, P.A.  
Account Number : I20130000020  
Phone : (954) 989-4995  
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DIVISION OF CORPORATIONS  
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INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.  
Micuca Management LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I. Name**

The name of the Limited Liability Company is:

**MICUICA MANAGEMENT LLC**

**ARTICLE II. - Address**

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

20900 NE 30 Avenue, Suite 707  
Aventura, FL 33180

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

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

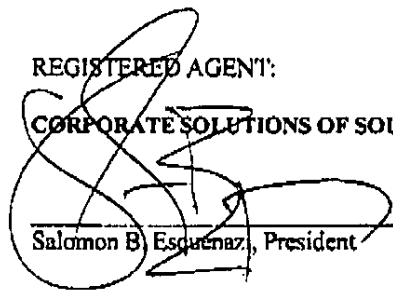
**Corporate Solutions of South Florida, Inc**  
4651 Sheridan Street, Suite 355  
Hollywood, FL 33021

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17 JUN 29 AM 10:26  
SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT:

**CORPORATE SOLUTIONS OF SOUTH FLORIDA, INC.**

  
Salomon B. Esquenazi, President

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This instrument was prepared by:  
Salomon B. Esquenazi, Esq.  
Salomon B. Esquenazi, P.A.  
4651 Sheridan Street, Suite 355  
Hollywood, FL 33021  
(954) 989-4995

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**ARTICLE IV. – Management:**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

**Meyer Minski**  
20900 NE 30 Avenue, Suite 707  
Aventura, FL 33180

Signature of a member or authorized representative of a member.

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, P.S.

4842-4807-6107, v. 1

Audit No.: H17000170963 3  
This instrument was prepared by:  
Salomón B. Esquenazi, Esq.  
Salomon B. Esquenazi, P.A.  
4651 Sheridan Street, Suite 355  
Hollywood, FL 33021  
(954) 989-4995