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Florida Department of State
Division of Corporations
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BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
PIEDRA AZUL INVESTMENT, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

7/11/20 11:02

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2ND REQUEST

H17000229539

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PIEDRA AZUL INVESTMENT, LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:17150 NORTH BAY ROAD APT# 2903 17150 NORTH BAY ROAD APT#2903
SUNNY ISLES, FL 33150 SUNNY ISLES, FL 33150

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:

LEYLA LEIVA ARMIJO

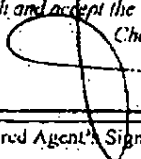
Name

17150 NORTH BAY ROAD APT#2903Florida street address (P.O. Box NOT acceptable)SUNNY ISLES FL 33150

City

Zip

I 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)

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ARTICLE IV-

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

Title:

*AMBR" = Authorized Member

*MGR" = Manager

AMBRName and Address:INMOBILIARIA PIEDRA AZUL SPA
O'HIGGINS 53, LOCAL 4
QUINTA REGION CHILEAMBRLEYLA LEIVA ARMIJO
O'HIGGINS 53, LOCAL 4
QUINTA REGION CHILE

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

X
Signature of a member or an authorized representative of a member.
(In accordance with section 009.0203 (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.)

LEYLA LEIVA ARMIJO

Typed or printed name of signer

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