Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. HIGHLAND 1408, LLC

AUG 28

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The hame of the Limited Liability Company is: Office and with the words "Limited Liability Company," |
|--|
| Highland 1408, CLC |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| 8545 NW 166 Drr |
| Miami lokes +1 33016 |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company sannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) Telega Reyng Coper. |
| Miami Lakes FL 33018 |
| ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company: |
| Robert Reyne Copie (AMBR) |
| Aldo H. Martinez Fleites (AMBR) |
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Required Signatures:

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

In accordance with section 60\(\frac{5}.0203\) (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.

Rebeca Reyna Copez-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 in Chappe, 605, F.S..

Registered Agent's Signature (REQUIRED)