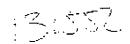
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000277343 3)))



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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORP USA

Account Number: 072450003255

Phone : (305)634-3694

Fax Number : (305)633-9696

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

Email Address:

FLORIDA LIMITED LIABILITY CO. 2791 HOLDINGS LLC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00



AKTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:
The name of the Limited Liability Company is:
2791 Holdings LLC., a Florida Limited Liability Company
(Musi contain the words "Limited Liability Company, "L.L.C.," 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:

 4135 SW 103 Avenue
 4135 SW 103 Avenue

 Miami, Florida 33165
 Miami, Florida 33165

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:

PETER R. ABESADA, ESQ.

Name

3676 SW 2nd Street

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

Miami Fl. 33135

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)

17 OCT 20 AM 9: 30
ALLAN ASSI OF STATE

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MOR	Michel Leon
	4135 SW 103 Avenue
	Miami, Florida 33165
· · · · · · · · · · · · · · · · · · ·	·
	
•	
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be lis
ICLE V: Effective date, if other than the date offective date is listed, the date must be spate of filing.) If the date inserted in this block does not occurrent's effective date on the Department	pecific and enmost be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li-
CLE V: Effective date, if other than the date officing.) If the date inserted in this block does not not ment's effective date on the Department of the VI: Other provisions, if any.	pecific and enmost be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be li-
CLE V: Effective date, if other than the date officing.) If the date inserted in this block does not becoment's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	meet the applicable statutory filing requirements, this date will not be list of State's records. A Mush agent
ICLE V: Effective date, if other than the date officetive date is listed, the date must be spate of filing.) If the date inserted in this block does not locument's effective date on the Department ICLE VI: Other provisions, if any. REODIRED SIGNATURE: Signature of a in This document is exect I am aware that any fals	meet the applicable statutory filing requirements, this date will not be list of State's records. Additional agentation of an authorized representative of a member or an authorized representative of a member of a secondance with section 605.0203 (1) (b), Florida Statutes, are information submitted in a document to the Department of State
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not becoment's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a in This document is exect fam aware that any fals.	meet the applicable statutory filing requirements, this date will not be little of State's records. A Manual Agent member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)