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DEPARTMENT OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
ANTIGUA 10926, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Electronic Filing Menu

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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:** The name of the Limited Liability Company is:**Antigua 10926 , LLC****ARTICLE II - Address:**

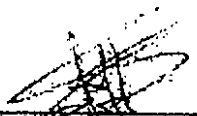
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:11251 NW 20th Street Suite 119
Miami, FL 33172**Mailing Address:**11251 NW 20th Street Suite 119
Miami, FL 33172**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Juan J. Tetxeira - Da Silva
11251 NW 20th Street Suite 119
Miami, FL 33172

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 606, F.S.


Registered Agent's Signature(CONTINUED)
Page 1 of 2

H17000313861

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H17000313861

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:**Name and Address:****AMBR****Juan J. Teixeira - Da Silva****AMBR****Monica J. Teixeira-Godoy****AMBR****Monica M. Godoy-Camero****REQUIRED SIGNATURE:**
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0403(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Juan J. Teixeira - Da Silva

Typed or printed name of signer

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