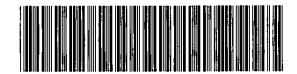
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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO. : 12000000195	
REFERENCE: 094291 7732494	
AUTHORIZATION: Spulsele man	
COST LIMIT : \$ 160 00	
ORDER DATE: March 2, 2018	
ORDER TIME : 9:32 AM	
ORDER NO. : 094291-005	18 I
CUSTOMER NO: 7732494	MAR -
DOMESTIC FILING NAME: AREAS USA OAK, LLC	-5 PH 1: 20
EFFECTIVE DATE:	
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Roxanne Turner - EXT.	

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

COVER LETTER

. . .

TO:	New Filing Section Division of Corporations			
SUBJEC	Areas USA OAK, LLC			
SUBJEC		f Limited Liabi	lity Company	
The encl	osed Articles of Organization and fee(s) are submitted	d for filing.	
Please re	urn all correspondence concerning thi	is matter to the	following:	
	Arevis Piedra			
	***************************************	Name o	f Person	ar arrangement
	Areas			A 25 8
		Firm/Co	этрапу	是
	5301 Blue Lagoon Dr. #690			155 J
		Add	ress	R P
	Miami, FL 33126			7. S. 2.
	arevis.piedra@areas.com	City/State ar	nd Zip Code	ár.
		ised for future	annual report notification)	· · · · · · · · · · · · · · · · · · ·
For further	information concerning this matter, pl	case call:		
	Arevis Piedra	305	267.8510	
	Name of Person	`	Daytime Telephone Number	•••
Enclosed	is a check for the following amount:			
\$ 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	∟lCertifi	ed Copy Certificat al copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327		Street Address New Filing Section Division of Corporations Clifton Building	
	Tallahassee, FL 32314		2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Areas USA OAK, LI (Must conta	in the words "Limited l	Liability Company	"L.I.C." or "LI.C.")
(17431 00114	in the words Emiliar	Elability Company	E.E.C., of EEC. y
TCLE II - Address:			
mailing address and street ad	dress of the principal o	ffice of the Limited	Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
5301 Blue Lagoon [Dr. #690	530	1 Blue Lagoon Dr. #690
Miami, FL 33126			
ICLE III - Registered Agei	cannot serve as its own	& Registered Age Registered Agent.	nt's Signature: You must designate an individual or
ICLE III - Registered Ager Limited Liability Company of	cannot serve as its own ctive Florida registration ddress of the registered	& Registered Agent. n.) agent are:	nt's Signature:
TICLE III - Registered Ager Limited Liability Company of the business entity with an ac	cannot serve as its own ctive Florida registration	& Registered Age Registered Agent. n.) agent are:	nt's Signature:
TICLE III - Registered Ager Limited Liability Company of the business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered	& Registered Agent. n.) agent are:	nt's Signature:
TICLE III - Registered Ager Limited Liability Company of the business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered	& Registered Age Registered Agent. n.) agent are:	nt's Signature:
TICLE III - Registered Ager Limited Liability Company of the business entity with an ac	cannot serve as its own ctive Florida registration ddress of the registered Corporation Service	& Registered Age Registered Agent. n.) agent are: e Company Name	nt's Signature: You must designate an individual or
TICLE III - Registered Ager Limited Liability Company of the business entity with an ac	cannot serve as its own crive Florida registration ddress of the registered Corporation Service 1201 Hays Street	& Registered Age Registered Agent. n.) agent are: e Company Name	nt's Signature: You must designate an individual or

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.

Corporation Service Company

By Composition Service Composition Service Composition Service Composition Service Composition Service Composition Service Compos

Roxanne Turner Asst. Vice President

(CONTINUED)

"MGR" = Manager CEO/MGR Sergio Rodriquez 5301 Blue Lagoon Dr. #690 Miami, FL 33126 VP Jose Alberto Serratos 5301 Blue Lagoon Dr. #690 Miami, FL 33126 (Use attachment if necessary) (CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days tree of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list becument's effective date on the Department of State's records. CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mignature of a authorized representative of a member. This document is executed in accordance with section 605,0203 (1) (b), Florida Statutes. I am aware that any faile information submitted in a document to the Department of State constitutes a third degree reliony as provided for in s.817.155, F.S. Jose Alberto Serratos	"MGR" = Manager CEO/MGR Sergio Rodriguez 5301 Blue Lagoon Dr. #690 Miami, FL 33126 VP Jose Alberto Serratos 5301 Blue Lagoon Dr. #690 Miami, FL 33126 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing: (OPTIONAL) effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days to of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed to the Department of State's records. CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a nignber of an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any faller information submitted in a document to the Department of State constitutes a third degree reliony as provided for in s.817.155, F.S.	Title:	Name and Address:
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-