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1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION : COST LIMIT : \$ 130.00 ORDER DATE: March 21, 2018 ORDER TIME : 11:08 AM ORDER NO. : 125979-010 CUSTOMER NO: 7732494 ·----DOMESTIC FILING NAME: AREAS SFO CCC JV, LLC EFFECTIVE DATE: ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

CORPORATION SERVICE COMPANY

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner - EXT.

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Areas SFO CCC JV, LLC Name of Limited Liability Company	
Name of Limited Liability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Arevis Piedra	
Avevis Piedra Name of Person	
Areas	
Firm/Company	
5301 Blue Lagoun Dr. # 690	
Address	
Miami FL 33126 City/State and Zip Code Arevis piedra @ areas wm E-mail address: (to be used for future annual report notification)	
City/State and Zip Code	
urevis, piedra (a) areas com	
e-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	. * 🚬 🕦
Arevis Piedra at 305, 267-8510	MAR 21 AK II: 30
Name of Person Area Code Daytime Telephone No	umber . O
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address New Filing Section New Filing Section	
INCMEDIAL SECTION SECTION SECTION	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:		
Areas SFO CC		
(Must contain the words "Limited Liab	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5301 Blue Lagoon Dr. #640	5301 Blue Lagoon Dr. #690	
Miami, FL 33126		
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered age	gistered Agent. You must designate an individual or	
Corporation Service Co	vasamo	
	ame	
1201 Hays Street		
· · · · · · · · · · · · · · · · · · ·	O. Box NOT acceptable)	
Tallahassee	FL 32301	
City	State Zip	
Having been named as registered agent and to accept service of place designated in this certificate, I hereby accept the appointm further agree to comply with the provisions of all statutes relating the familiar with and accept the obligations of my position as responsible to the components of the c	ment as registered agent and agree to act in this capacity. I ng to the proper and complete performance of my duties, and I egistered agent as provided for in Chapter 605, F.S	
Registered	Agent's Signature (REQUIRED)	

(CONTINUED)



(Use attachment if necessary) LE V: Effective date, if other than the date of filing: (Confective date is listed, the date must be specific and cannot be more than five business date of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, ument's effective date on the Department of State's records. I.E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a method of the department of the Department of State's provided for in s.817.155, F.S. Jose Alberto Serratos Typed or printed name of signee Filing Fres:	if necessary) atc, if other than the date of filing: the date must be specific and cannot be more than five business days prior to or 90 in this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records. Signature of a member or an authorized appresentative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes, am aware that any false information submitted in a document to the Department of State onstitutes a third degree felohy as provided for in s.817.155, F.S. Jose Alberto Serratos Typed or printed name of signee Filting Frees:	tif necessary) date, if other than the date of filing:	Title:	Name and Address:
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ARTICLE IV-