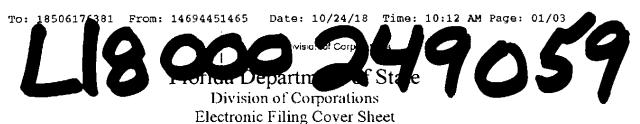
10/24/2018



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.

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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178

Fax Number : (214)317-4754

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

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## FLORIDA LIMITED LIABILITY CO. ALANDY LA GARZA 439B HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Date: 10/24/18 Time: 10:12 AM Page: 02/03 To: 18506176381 From: 14694451465 (((H180003080043))) ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED CIABILITY COMPANY ARTICLE 1 - Name: The name of the Limited Liability Company is: ALANDY LA GARZA 439B HOLDINGS, LLC. (Must contain the words "Limited Liability Company, "L.1\_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: 15931 NW 83rd Avenue 15931 NW 83rd Avenue Miami Lakes, Florida 33016 Miami Lakes, Florida 33016 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 Fforida 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 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 vapacity. 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) (/)

(((H180003080043)))

To: 18506176381 From: 14694451465 Date: 10/24/18 Time: 10:12 AM Page: 03/03

(((H180003080043)))

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	JULIAN MARQUEZ
MOK	15931 NW 83rd Avenue
	Minmi Lakes, Florida 33016
	Total Survey Fortal Sovie
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(Use attachment if necessary)	
CLE V: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does coment's effective date on the Departu	edate of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
LEV: Effective date, if other than the effective date is listed, the date must be of filing.) If the date inserted in this block does	edate of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis
CLE V: Effective date, if other than the ffective date is listed, the date must be of filling.) If the date inserted in this block does coment's effective date on the Department's Other provisions, if any.  REQUIRED SIGNATURE:	edate of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be lis

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)