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.

(((H18000332984 3)))



H180003329843ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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. DAKI HARBOUR INVESTORS, LLC

Certificate of Status	1	
Certified Copy	0	
Page Count	03	
Estimated Charge	\$130.00	

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 2 1 2016 C Kilisev DocuSign Envelope ID; ABFFFA41-8EC3-4C2A-83C3-9676AB89AA2B

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Daki Harbour Investors, 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:

11251 NW 20th Street Suite 119 Miami, Fl 33172

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 Francisco Gil

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 605. F.S.

tuan Francisco Gil

Registered Agent's Signature

(CONTINUED) Page 1 of 2 DocuSign Envelope ID: ABFFFA41-8EC3-4C2A-83C3-9676A889AA2B

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

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

Title:

Name and Address:

AMBR

Juan Francisco Gil

REQUIRED SIGNATURE:

Juan Francisco Gil

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutea, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Juan Francisco Gil

Typed or printed name of signee

