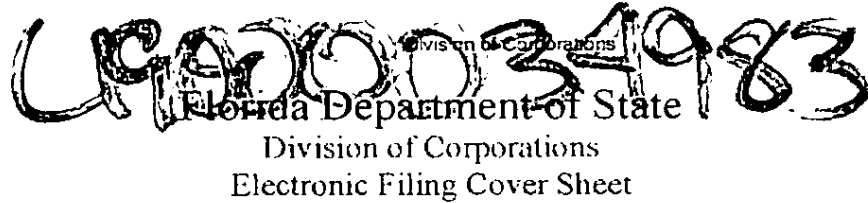


2/11/2019



**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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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : I20180000011  
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.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
1120 GUILLERMO A, LLC**

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

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2019 FEB 11 AM 8:51  
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**ARTICLES OF ORGANIZATION FOR**  
**1120 GUILLERMO A, LLC,**  
**A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I  
NAME

The name of the Limited Liability Company is:  
**1120 GUILLERMO A, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY (the Company).**

ARTICLE II  
ADDRESS

The mailing address and street address of the principal office of the Company is:  
**1120 NW 128 Street**  
**Miami, Florida 33168**

ARTICLE III  
MANAGEMENT

The Limited Liability Company is to be managed by the member(s) who is/are designated, appointed, or elected to act as the managing member(s) in accordance with the Operating Agreement of the Company.

The managing member(s) who is designated by the managing member(s) as the managing member shall carry out and further the decisions and actions of the managing member(s) made under the Operating Agreement and shall be authorized to execute on any and all reports, forms, instruments, documents, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, security agreements, and any other type or form of document by which property or property rights of the Company are transferred or encumbered or by which debts and obligations of the Company are created, incurred, or evidenced, which are necessary, appropriate, or beneficial to carry out or further such decisions or actions.

In accordance with F.S. 605.0203 (1)(b), the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**GUILLERMO AVILES**  
**1120 NW 128 Street**  
**Miami, Florida 33168**

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**2019 FEB 11 AM 8:51**  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Under the provisions of F.S. 605.0203 (1)(b), the Company submits the following statement to designate a registered office and registered agent in the state of Florida.

The name of the limited liability company is:

**1120 GUILLERMO A, LLC  
A FLORIDA LIMITED LIABILITY COMPANY.**

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

**GUILLERMO AVILES  
1120 NW 128 Street  
Miami, Florida 33168**

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.

  
\_\_\_\_\_  
Registered Agent: **GUILLERMO AVILES**

**AUTHORIZED REPRESENTATIVE:**

  
\_\_\_\_\_  
Manager: **GUILLERMO AVILES**