## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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		<del></del>	ć
	Fax Number : (850)617-6	6381	<u> </u>	
From:			·-ro	ç
	Account Name : LAZARUS CO	ORPORATE FILING SERVICE, INC.	<b>10</b>	c
	Account Number : 1200000000	019	ယ္	;
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:  SAMUEL 5228 LLC  ARTICLE II - Address:	
ARTICLE II - Address	
The mailing address and street address of the principal office of the Limited Liability  Company is:  2741 NW 82 AVE	<u>•</u>
Miami FL 33122	
ARTICLE III - Registered Agent, Registered Office:	SEAR OBSIAR
Company cannot serve as its own Registered Agent. You must designate an Individual or another business entity  With an active Florida registration.)	RETARY OF IN OF CORPC
	STATE RATIONS
MIAMI FL 33122	_
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	7
- RICARDO MORANTES (MGR SERGIO MORANTE (MGR)	

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the 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.

Kicardo Morantes + Sagio Morantes
Typed or printed name of signee

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. T.S.

Registered Agent's Signature (REQUIRED)