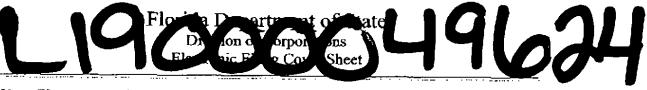
PAGE 01/03



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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
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. ELEVEN ZERO ONE, LLC

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

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LAZARUS CORPORATE

PAGE 02/03

From: jiron & company cpa, pa

305 381 5891

02/26/2019 13:11

#406 P.002/003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ELEVEN ZERO ONB. LLC
(Must contain the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

 Principal Office Address:
 Melling Address:

 7185 W. 3RD CT
 7185 W. 3RD CT

 HIALEAH, FL 33014
 HIALEAH, FL 33014

ARTICLE 111 - 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 same and the Florida street address of the registered agent are:

RONALD DE JESUS SABALZA

Name

7185 W. 3RD CT

Florida street address (P.O. Box NOT acceptable)

HIALEAH FL 33014

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 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 posting across special agent as provided for in Chapter 605, F.S..

Registered Agent Walgranure (REQUIRED)

(CONTINUED)

2019 FEB 26 AM 8: 51
9ECRETARY OF STATE
TALLAHASSEF FA STATE

From: jiron & company opa, pa

305 381 5891 02/26/2019 13:11 #406 P.003/003

Title: "AMBR" = Authorized Member	Name and Addition:
"WOS, = Worster.	
AMBR	KIMBERY FUNG SABALZA
	7183 W, 3RD CT
	HIALEAH, FL 33014
AMBR	RONALD DE JESUS SABALZA
	7185 W. 3RD CT
	HIALEAH, FL 33014
SV: Effective date, if other than the d ctive date is listed, the date must be filling.)	ate of fibrg:
(Vactor,)	A theet the applicable statutury filing requirements, this date well no
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