

Division of Corporations

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Florida Department of State  
Division of Corporations  
Economic Services Bureau  
1089 S.W. 34 AVENUE SUITE C  
TALLAHASSEE, FL 32310  
Phone: (904) 485-9300  
Fax: (904) 485-9300

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To:

Division of Corporations  
Fax Number : (850) 617-6391

From:

Account Name : CLARA GIRALDO, P.A.  
Account Number : I19990000C17  
Phone : (305) 485-9300  
Fax Number : (305) 485-1098

**\*\*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.  
3136 MANZANO PROPERTY LLC**

Certificate of Status	0
Certified Copy	1
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**CLARA GIRALDO E.A.**  
**4080 SW 84 AVENUE SUITE C**  
**MIAMI, FL 33155**  
**PH.: (305) 485-9300**

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF**

**3136 MANZANO PROPERTY, LLC**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**3136 MANZANO PROPERTY, LLC**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**3136 MARY ST**  
**MIAMI FL, 33133**

The mailing address shall be:

**3136 MARY ST**  
**MIAMI FL, 33133**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

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

**HECTOR J. CRUZ**  
**3136 MARY ST**  
**MIAMI FL, 33133**

**3136 MARY ST**  
Florida Street address (P.O.BOX NOT acceptable)  
**MIAMI FL, 33133**  
City, State, and Zip

FILED  
19 MAR - 7 AM 10:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**CLARA GIRALDO E.A.**  
**4080 SW 84 AVENUE SUITE C**  
**MIAMI, FL 33155**  
**PH.: (305) 485-9300**

Having been named as registered agent and to accept service or 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.

  
\_\_\_\_\_  
**REGISTERED AGENT'S SIGNATURE**

**ARTICLE IV- MANAGEMENT**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

**LICELOTT MANZANO CRUZ**  
**3136 MARY ST**  
**MIAMI FL, 33133**

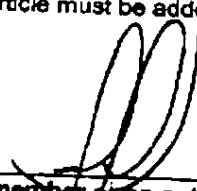
**MANAGER**

**HECTOR J. CRUZ**  
**3136 MARY ST**  
**MIAMI FL, 33133**

**MANAGER**

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**SECRETARY OF STATE**  
**MIAMI, FL 33133**

(An additional article must be added if an effective date is requested)

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member.**  
(In accordance with section 606.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**HECTOR J. CRUZ**  
Typed or printed name of signer