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T SCHROEDER

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE: 683753 8050708
AUTHORIZATION: Spelle Renav
COST LIMIT : \$ 130.00
ORDER DATE: March 13, 2019
ORDER TIME : 2:41 PM
ORDER NO. : 683753-005
CUSTOMER NO: 8050708
DOMESTIC FILING
NAME: 120 SW 28TH ROAD, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Roxanne Turner - EXT.
EXAMINER'S INITIALS:

COVER LETTER

TO:	Registration Section Division of Corporations		
CUD IE	120 SW 28th Road, LLC		
SUBJEC	Name o	f Limited Liabilit	y Company
The encl	osed Articles of Organization and fee	(s) are submitted f	or filing.
Please re	eturn all correspondence concerning th	is matter to the fo	llowing:
	Manuel Lopez		
		Name of F	erson
	Lopez & Wardle LLP		
		Firm/Con	pany
	411 Theodore Fremd Ave, Suite 1	00 North	
		Addre	ss
	Rye, New York 10580		
		City/State and	Zip Code
	admin@lopezwardle.com	16.64	
	E-mail address: (to be	used for future an	nual report notification)
For furthe	er information concerning this matter,	please call:	
	Manuel Lopez	914 at ()	9086105
	Name of Person		Daytime Telephone Number
r l	d'a a charle facilità de Collourine amounts		
	d is a check for the following amount: Filing Fee \$130.00 Filing Fee Certificate of State	ıs ——Certifie	Stiling Fee & Stiling Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314]]	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

120 SW 28th Road.	LLC					
(Must end	with the words "Limit	ted Liability Co	mpany, "L.L.C.," or "LL0	C.")		
ARTICLE II - Address: The mailing address and street a	ddress of the principal	l office of the L	imited Liability Company	y is:		
<u>Prinçi</u>	oal Office Address:		<u>Mailing</u>	Address:		
120 SW 28th Road		. <u>. </u>	411 Theodore Fremd A	ve		
Miami, Florida 3312	29	_ 	Suite 100 North			
			Rye, New York 10580	· 		
	Corporation Service 1201 Hays Street	ee Company Name		ECRETAR LLAHASS	9 MAR 13	Ť
	Florida street addr	ess (P.O. Box)	NOT acceptable)	— EE. P	A	m
	Tallahassee, FL 32	301		<u> </u>	9	0
	City	State	Zip)RIC	. 58	
Having been named as registered olace designated in this certificate further agree to comply with the parm familiar with and accept the ol	t, I hereby accept the approvisions of all statutes obligations of my position Corporation So	oppointment as re- relating to the on as registered ervice Comp	egistered agent and agree proper and complete perfo agent as provided for in C	to act in this capac ormance of my duti	y at the city. I es, and Turne	I er
		(CONTIN	UED)			

Page 1 of 2

	orized to manage and control the Limited Liability Company:
Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Turner M Mark Co. 1
AMBR	Ivonne M. Mendoza Gonzalez
	Urb. Country Club. Calle el Parque. Quinta Pikapu Caracas. Venezuela
	Caracas, Venezueia
MGR	Isabella M. Mendoza Gonzalez
	Urb. Country Club, Calle el Parque, Quinta Pikapu
	Caracas, Venezuela
ALTERNATE MGR	Alejandro E. Mendoza Pacheco
	Urb. Country Club, Calle el Parque, Quinta Pikapu
	Caracas. Venezuela
ALTERNATE MGR	Income C. Committee I. M I
ALTERNATE MOR	Ivonne C. Gonzalez de Mendoza
	Urb. Country Club. Calle el Parque, Quinta Pikapu Caracas, Venezuela
	Caracas. Voliczacia
(I los attachases (for a constant)	
(Use attachment if necessary)	
3,	
ARTICLE V: Effective date, if other than the date of	filing: (OPTIONAL)
ARTICLE V: Effective date, if other than the date of (If an effective date is listed, the date must be specially)	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)