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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. FREDEM REAL ESTATE, LLC

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March 18, 2019

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, Division of Corporations

SUBJECT: FREDEM REAL ESTATE, LLC

REF: W19000026225

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason FAX Aud. #: H19000088624 Regulatory Specialist II Letter Number: 119A00005348

| ARTICLES OF ORGANIZATION FOR FI | LORIDA LIMITED LIABILITY COMPANY |
|---|---|
| ARTICLE I - Name: | |
| The name of the Limited Liability Company is | ;; |
| | |
| Fredem Real Estate, LLC | |
| (Must end with the words "Limited Liability Company, "Limi | ted Company" or their abbreviation "U.C." or "L.C") |
| ARTICLE II - Address: | |
| | principal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 11767 S Dixie Hwy, # 438 | 11767 S. Dixie Hwy, # 438 |
| Pinecrest, Florida 33156 | Pinecrest, Florida 33156 |
| | |
| ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Regiousiness entity with an active Florida registration.) The name and the Florida street address of the | stered Agent. You must designate an individual or another |
| | • |
| Valentin Lopez c/o Lo Namo | |
| | |
| 2600 Douglas Road, Suite | |
| Florida street ad | Idress (P.O. Box <u>NOT</u> acceptable) |
| Coral Gables | PL 33134 |
| City, State, | and Zip |
| liability company at the place designated in registered agent and agree to act in this capacistatutes relating to the proper and complete paccept the obligations of my position as registered Agent's Signal | AN 10: |
| (CONTIN Page 1 of | 2 5 |
| 1 42 € 1 03 | - |

ARTICLE IV- Munager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: | |
|---|--|----------|
| "MGR" = Man | | |
| "MGRM" = M | anaging Member | |
| Member | Gabriela B. Alfonso | |
| <u></u> | 8540 SW 108 Street | _ |
| | Miami, Florida 33156 | - - |
| | | • |
| MGRM | Lome M. Claudio Journet | - |
| | 8540 SW 108 Street | - |
| | Miami, Florida 33156 | - |
| | | |
| | | • |
| | | - |
| | | • |
| | | _ |
| | | ~ |
| | | - |
| ARTICLE V: Effective (If an effective date is to or 90 days after the | listed, the date must be specific and cannot be more than five business date of filing.) | |
| REOUIRED S | SIGNATURE: | |
| | SUMO | |
| | Signature of a member or an authorized representative of a member. | 19 |
| | (In accordance with section 505 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) | MAR 18 |
| | Loma M. Claudio Journet | ** |
| | Typed or printed name of signee | A |
| | | 84:01HV |