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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000917
Phone : (855) 498-5500
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FLORIDA LIMITED LIABILITY CO. PARC VISTA, LLC

Certificate of Status	0
Certified Copy	0
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

FOR

PARC VISTA, LLC

ARTICLE 1. - NAME:

The name of this Limited Liability Company ("Company") shall be:

PARC VISTA, LLC

ARTICLE 2. - ADDRESS

The mailing address and street address of the principal office of the Company is:
16400 NW 59th Avenue, Miami Lakes, Florida 33014.

ARTICLE 3. - DURATION


The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE 4. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such managers is:

Alexander Ruiz
16400 NW 59TH AVE
MIAMI LAKES, FL 33014

Gustavo Alfonso
15500 NEW BARN ROAD, SUITE 104
MIAMI LAKES, FL 33014

Signature: Print Name: Alexander Ruiz, Manager

Title: Manager

Signature of a member or an authorized representative of a member
(In accordance with section 605, Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. THE NAME OF THE LIMITED LIABILITY COMPANY IS: PARC VISTA, LLC.
2. The name and the Florida street address of the registered agent are:

ALEJANDRO VILARELLO, P.A.

Name

16400 NW 59TH AVE

Florida street address

Miami, Lakes, Florida 33014

CITY, STATE AND 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 position as registered agent.

Signature: _____

ALEJANDRO VILARELLO as authorized signatory of ALEJANDRO VILARELLO, P.A.