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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
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FLORIDA LIMITED LIABILITY CO. SUMMIT 10564, LLC

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ALLAHASSEE, FLORIDA

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JUN 2 1 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

Summit 10564, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5701 NW 112th Ave Unit 9-115 Doral, FL 33178 5701 NW 112th Ave Unit 9-115 Doral, FL 33178

ARTICLE III – Registered Agent, Registered Address, & Registered Agent's Signature:

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

ELSA ORTIZ-DIAZ

5701 NW 112th Ave Unit 9-115 Doral, FL 33178

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 as provided for in Chapter 605. F.S.

Registered Agent's Signature

(CONTINUED)
Page 1 of 2

ARTICLE IV - Manager(s) or Authorized Member(s):

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

Title:

Name and Address:

Authorized Member

ELSA ORTIZ - DIAZ

Address: 5701 NW 112th Ave Unit 9-115 Doral, FL 33178

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(in accordance with section of 5.0203(1)(b). Florida Statutes, the execution of this document constitutes an affirmation under the panalties of perjury that the facts stated herein are true.)

ELSA ORTIZ - DIAZ

Typed or printed name of signee