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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:	
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## FLORIDA LIMITED LIABILITY CO. PICASSO R & I LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

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### ARTICLES OF ORGANIZATION FOR HUORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

PICASSO R & 1 LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "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: 915 NW | AVE #L205 MIAMI, FL 33136 SAME

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

JUAN C. PENAGOS_				
	Name			
915 NW 1 AVE #1	205			
Florida street addr	ess (P.O. Box <u>NOT</u> as	cceptable)		
MIAMI	FL	33136		
City	State	Zic		

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..

Juan C. Penagos		
R	Registered Agent's Signature (REQUIRED)	_

(CONTINUED)

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SEURETART OF STATE
TALL AHASSEE, FLORID

TA TACTO

Title:	Name and Address:			
"AMBR" = Authorized Member				
"MGR" = Manager AMBR	JUAN C. PENAGOS			
AUVIDA	915 NW 1 AVE #L205			
•	MIAMI, FL 33136			
	7-117 LVII, I D D 3 3 D D			
AMBR	MAIRA GARCIA			
	915 NW LAVE #L205			
	MIAMI, FL 33136			
AMBR	MICHEL LEVY			
	915 NW 1 AVE #L205			
	MIAMI, FL 33136			
(Use attachment if necessary)				
(				
ARTICLE V: Effective date, if other than the date of filing	S:(OPTIONAL)			
If an effective date is listed, the date must be specific ar	nd cannot be more than five business days prior to or 90 days after			
the date of filing.)	•			
	applicable statutory filing requirements, this date will not be listed as			
the document's effective date on the Department of State	's records.			
ARTICLE VI: Other provisions, if any.				
ARCTODIL VI. Oller provisions, it any.				
<u>REOUIRED</u> SIGNATURE:				
Juan C Penagos				

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any faise information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

JUAN C. PENAGOS

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECNETARY OF STATE
FALLAHASSEE, FLORIDA

S. S. Miller S. Parker