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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

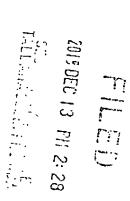




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236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must con	tain the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of	the Limited Liability Company is:
<u>Princip</u>	al Office Address:	Mailing Address:
1900 N Bays	shore Drive, #2807	1900 N Bayshore Drive, #2807
Miami,	FL 33132-3014	Miami, FL 33132-3014
(The Limited Liability Company another business entity with an	cannot serve as its own Registoractive Florida registration.) address of the registered agent a	ered Agent. You must designate an individual or
The Limited Liability Company another business entity with an	cannot serve as its own Registration.) address of the registered agent a Erika Urib	ered Agent. You must designate an individual or are: De Restrepo
(The Limited Liability Company another business entity with an	address of the registered agent a Erika Urib Name 1900 N Baysho Florida street address (P.O.	ered Agent. You must designate an individual or are: De Restrepo Te Drive, #2807
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	reannot serve as its own Register active Florida registration.) address of the registered agent a Erika Urib Name 1900 N Baysho Florida street address (P.O. Mi ami, FL	ered Agent. You must designate an individual or are: De Restrepo Tre Drive, #2807 Box NOT acceptable)

(CONTINUED)

<u>Title:</u> "AMBR" = , "MGR" = M	Authorized Member anager	Name and Address:
MGR		
		Erika Uribe Restrepo
		1900_N_Bayshore_Drive, #2807
		——————————————————————————————————————
		
		
(Use attachn		
ICLE V: Effective date is ate of filing.) If the date inse	listed, the date must be speci	et the applicable statutory filing requirements, this date will not be liste
ICLE V: Effective date is ate of filing.) If the date inse	rted in this block does not medive date on the Department of	fic and cannot be more than five business days prior to or 90 days a et the applicable statutory filing requirements, this date will not be liste
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ICLE V: Effective date is ate of filing.) If the date inselectment's effect ICLE VI: Other p	rted in this block does not medive date on the Department of	fic and cannot be more than five business days prior to or 90 days a ct the applicable statutory filing requirements, this date will not be listed State's records. Docusigned by: Erika Reshripo
ICLE V: Effective date is ate of filing.) If the date insecution in the comment's effect in ICLE VI: Other page 1	rted in this block does not medive date on the Department of provisions, if any. SIGNATURE: Signature of a memily This document is executed I am aware that any false in	fic and cannot be more than five business days prior to or 90 days a et the applicable statutory filing requirements, this date will not be liste State's records. DocuSigned by:

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)