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## FLORIDA LIMITED LIABILITY CO. CABAL RODRIGUEZ INVESTMENTS, LLC

Certificate of Status	1				
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**DEC 2 3 2019** 

T. SCOTT

LAZARUS CORPORATE
A A CRESPO CO

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## ARTICLES OF ORGANIZATION FOR PLOREDA LIMITED LIABILITY COMPANY

ame of the Limited Liability	, ,,		
CABAL RODRIGUE	Z INVESTMENTS, LI	LC	
(Must cone	tin the words "Limited.	Liability Company, "L	L.C" or "LLC.")
ILE II - Address:			
iling address and street ad	ldress of the principal o	ffice of the Limited Li	iability Company is:
<u>Principa</u>	d Office Address:		Mailing Address:
5577 N.W. 105TH CO	OURT	5577 N	IW. 165TH COURT
DORAL, FLORIDA  LE III - Registered Agenited Liability Company	33178  nt, Registered Office, cannot serve as its own	& Registered Agent's Repistered Agent Yo	I.W. 105TH COURT L. FLORIDA 33178  s Signature: u must designate an individu
DORAL, FLORIDA  CLE III - Registered Age mited Liability Company business entity with an ac	nt, Registered Office, cannot serve as its own crive Florida registratio	& Registered Agent, Youn,)	L. FLORIDA 33178
DORAL, FLORIDA  CLE III - Registered Age imited Liability Company business entity with an ac	nt, Registered Office, cannot serve as its own crive Florida registratio	& Registered Agent, Youn,)	L. FLORIDA 33178
DORAL, FLORIDA  CLE III - Registered Age mited Liability Company business entity with an ac	nt, Registered Office, cannot serve as its own crive Florida registratio	& Registered Agent, Youn,)	L. FLORIDA 33178
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DORAL FLORIDA  CLE III - Registered Age imited Liability Company r business entity with an ac	nt, Registered Office, cannot serve as its own crive Florida registratio ddress of the registered ALEJANDRO A. CR	& Registered Agent, Youn,) I agent are: UESPO Name EET SUITE 206	L. FLORIDA 33178  s Signature: u must designate an individu

traving 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 duttes, and I am familiar with and accept the obligations of my possion as registered agent as provided for in Chapter 805, F.S...

Registered Agent's Signature (REQUIRE)

(CONTINUED)

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LAZARUS CORPORATE

A A CRESPO CO

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The name and address of each person authorized to manage and control the Limited Liability Company:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	ARTURO CABAL
	5577 N.W. 105TH COURT
	DORAL FLORIDA 33178
MGR	LILIAN R. CABAL
<u></u>	3377 N.W. 105TH COURT
	DORAL, FLORIDA 33178
MBR	CARLOS D. CABAL
	2600 CARDENA STREET PH-3
	CORAL GABLES, FLORIDA 33134
MBR	LILIANA CABAL
	1118 ALHAMBRA CIRCLE
	CORAL GABLES, FLORIDA 33134
(Use attachment if necessary)	
RTICLE V. Effective date, if other then the	date of filing: JANUARY 1, 2020 . (OPTI(INAL)
If an Affective date is listed, the data named i	se specific and cannot be more than five business days prior to or 90 days after
ha date of filing.)	se sheemer and campor he thous draw itse daynytes dashs hatte to ot an dashs sitted
	not meet the applicable statutory filing requirements, this late will not be listed as
the document's effective date on the Departs	not meet the applicable statutory thing requirements, this hate will not be listed as
ise document a effective date on the Departi	nem of State's records.
ARTICLE VI: Other provisions, if any,	
CARLOS D. CABAL 50% OWNERSHIP	
ILIANA CABAL 50% OWNERSHIP	
REQUIRED SIGNATURE:	End End
Signature of	s member or an anthorized tenversatetics of a member

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

ARTURO CABAL
Typed or printed name of signee

## Filing Fees:

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

\$ 5.00 Certificate of Status (Optional)