2000000 22 27 6 Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000096520 3)))



H200000965203ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (950) 617-6381

From:

Ana M. Sanz

Account Name

: AVILA RODRIGUEZ HERNANDEZ MENA 4 FERRI

LLP

2 of 4

Account Number : I20070000136 Phone : (786)594-4102

Fax Number : (786)664-3375

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

Email Address: asanz@arhmf.com

FLORIDA LIMITED LIABILITY CO.

CONDORES MALLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

APR 0 1 2020

T. SCOTT

020 HAR 31 PM 4: 43

7Đ

00280101.DOCX v.1

FAX AUDIT #H20000096520 3

ARTICLES OF ORGANIZATION OF CONDORES MA LLC

The undersigned, being a duly authorized representative of a member, desiring to form a limited liability company under and pursuant to the Florida Revised Limited Liability Company Act, Chapter 605, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I NAME

The name of the limited liability company is: CONDORES MA LLC (the "Company").

ARTICLE II ADDRESS

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

Principal Office Address:Mailing Address:14 NE 1st Avenue14 NE 1st AvenueSuite 305Suite 305Miami, FL 33132Miami, FL 33132

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Interamerican Corporate Services LLC 2525 Ponce De Leon Blvd., Suite 1225 Coral Gables, Florida 33134

Having been named as registered agent and to accept service of process for the above 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.

INTERAMEDICAN CORPORATE SERVICES LLC

Patricia M. Hernandez, Manager

To: Page 4 of 4 ' '

FAX AUDIT #H20000096520 3

ARTICLE IV OPERATING AGREEMENT

The power to adopt, alter, amend, or repeal an operating agreement for the Company shall be vested in the Members of the Company.

ARTICLE V MANAGEMENT

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

Title: Name and Address: Manager Naoshi Matsumoto

14 NE 1st Avenue

Suite 305

Miami, FL 33132

ARTICLE VI AUTHORIZED REPRESENTATIVE

The name and address of the authorized representative of the Company is as follows:

Nicolas Izquierdo Chadwick 14 NE 1st Avenue

Suite 305

Miami, FL 33132

IN WITNESS WHEREOF, the undersigned hereby executes these Articles of Organization as of the 31st day of March, 2020.

Edilsa Ruiz

Duly Authorized Representative of a Member