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		To:	Division of Corporations Fax Number : (850)617-6381		2020
ering has eri	PH 3: 48	SEACTAL STATES	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944)SEP -2 PH
11	2020 SEP -2	**Ent '	er the email address for this business entity to be used for annual report mailings. Enter only one email address please.* Email Address:	future U	

FLORIDA LIMITED LIABILITY CO. MATTA GIL PROPERTY LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED 2020 SEP -2 PH 4:5

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

Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
8220 NW 68+4 S+
MIAMI FL 33166
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: 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.) MARY CARMED MATA T350 SW 89 St. Mt. Z-104 WILLIAM: FIRST REGISTERED OFFICE AGENT.
MII/2MI 11 2217P
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
MARU CARMEN MAHA GIL (MADD)
Luis motta Gil. (AMBR)
JEN Luic MATTA GIL (AMRD)

Required Signatures:

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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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 (REQUIRED)