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To:

Division of Corporations

Fax Number : (850)617-6381

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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Fmod 1	Address:
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FLORIDA LIMITED LIABILITY CO. PINECREST 112 LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

	· _,,
Pinecrest	112 LLC
ARTICLE II The mailing address and street address of the	
Compan	uy is.
7510 SW 108 A.	ve miam: FL 331
ARTICLE III - Registered A The name and the Florida street address of Company cannot serve as its own Registered Agent. You m with an active Florid	the registered agent are: (The Limited Liability
Carlos Calil 70	10 Sw 108 Ave
MIAN	1 PC. 33173

ARTICI	
The name and title of each person authoric Liability Company:	ized to manage and control the Limited (MGR or AMBR)
Carlos'A Calil M	, C7 K
Educado A Calil A	M DR
	÷

3052201440

Signature of

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.

CA CA 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)