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DATE:

6/1/2021

NAME:

MIGROMI INTERNATIONAL ADMINISTRATION LLC

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

	New Filing Secti Division of Corp				
SUBJEC		international Admi	nistration, L.I	L.C.	1
SUBJEC	1	Name	of Limited L	iability Company	l .
The enclo	sed Articles of (Organization and fe	e(s) are subm	ntted for filing.	,
Please ret	turn all correspon	ndence concerning	this matter to	the following:	
	Joaquin A. So	sa			
			Nan	ne of Person	
	JAS.LAW, L	ıc			
		- , ,	Fire	m/Company	,
	1825 Ponce d	e Leon Bovd., Ste.	500		
				Address	
	Coral Gables,	FL 33134			
			City/Sta	ate and Zip Code	
		jasosa@bellso		1	
	E	-mail address: (to)	be used for ful	ture annual report notific	anon)
For further	information con	cerning this matter	, please call:		
	Joaquin A. So	sa	954 at (933-6654	
	Name	of Person	Area Co	ode Daytime Teleph	one Number
Enclosed	l is a check for th	e following amour	ıt:		
	00 Filing Fee	S130.00 Filing Certificate of Sta	Fee& C	□\$155.00 Filing Fee & Certified Copy ditional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	j
		ling Section		New Filing Section The Centre of Tall	
		n of Corporations ox 6327		2415 N. Monroe S	
		00.0327 10000 FL 30314		Tallahassee FL 32	

ARTICLE II - Name: The name of the Limited Liability Company is: MIGROMI International Administration, L.L.C. (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 4430 SW 83rd Avenue, Miami, FL 33155 1825 Ponce de Leon Blvd., Ste. 500 Coral Gables, FL 33134 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

anomer business entity with an active riorida registration.)

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

Joaquin A. Sosa		
	Name	
4430 SW 83rd Aven	iue	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami	FL	33155
City	State	Zip

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)

(CONTINUED)

Title: "AMBR" = Autho	rized Member	Name and Address:	
"MGR" = Manage			
AMBR_	 ,	Miguel A, Rico Hinojosa, MD 4430 SW 83rd Avenue, Miami, FL 33155	-
AMBR	·	Monica G. Maldonado Unzueta 4430 SW 83rd Avenue, Miami, FL 33155	- -
AR		JAS.LAW. LLC 1825 Ponce de Leon Blvd., Ste. 500 Coral Gables, FL 33134	- <u>2:</u> -
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