Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6381	CRETAR	2021 JUN - ;	
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	Y OF STATE SSEE, FL	/ AH11: 15	ļ
anr	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**	2021 (10:		

FLORIDA LIMITED LIABILITY CO. CMC GROUP 88 LLC

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

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ARTICLES OF ORGANIZATION FOR

FOR FLORIDA LIMITED LIABILITY COMPANY	
- ARTICLE I - Name: The name of the Limited Liability Company is:	
CHC Group 88 LCC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	-
11703 Sw 144 Avenue Mjami 33186 FL	
TACR TACR TACR TACR TACR TACR TACR TACR	7051 JUA
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limitea Liability with an active Florida registered Agent. You must designate an individual or another business entity	-7 AMII: 15
CHECOS MARIO CITOTO ACQUERO	ည
11703 SW 144 Avenue	
Miami FL 33186	
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
Carlos Mario Criolla Acevado (AMBR)	
Yolanda Jaramillo Eamirez (AMBR)	

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 berein 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)