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**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

JADE OCEAN 180	3 LLC			
				Art of Inc. File
	•			LTD Partnership File
				Foreign Corp. File
				L.C. File
			<del></del>	Fictitious Name File
				Trade/Service Mark
			•	Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<del></del>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
			<del></del>	Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
· ·				Driving Record
Requested by: SETH	09/13		<del></del>	UCC 1 or 3 File
Name		Fime		UCC 11 Search
Walk In	MVIII DI LI TI			UCC 11 Retrieval

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
JADE OCEAN 1803 LLC (Must contain the words "Limited Liabil	ity Company at 1 C 2 and 1 (2.2)
ARTICLE II - Address: The mailing address and street address of the principal office of	
Principal Office Address:	<u>Mailing Address</u> :
255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES FL, 33134	255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES FL, 33134
ARTICLE III - Registered Agent, Registered Office, & Re	gistered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

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

another business entity with an active Florida registration.)

ABITOS PLLC		
	Name	
255 ARAGON AVEN	IUE, 2ND FLOOR	
Florida street address	(P.O. Box <u><b>NOT</b></u> a	eceptable)
CORAL GABLES	FL	33134
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)



## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	GUSTAVO USANDIZAGA 304 INDIAN TRACE STE 507 WESTON FL, 33326
<del></del>	
(Use attachment if necessary)	
he date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	Tot state steerings.
REQUIRED SIGNATURE:	Allety
I am aware that any fals	nember of an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, see information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
_ALBERTO GU	ZMAN
	Typed or printed name of signee