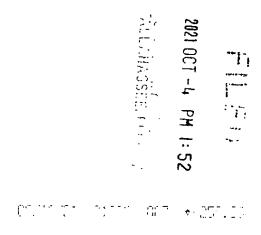
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COVER LETTER

	ew Filing Section vision of Corporations	
SUBJECT	CR REAL HOLDINGS, LLC	
Sebule:		imited Liability Company
The enclose	ed Articles of Organization and fee(s)	are submitted for filing.
Please retur	m all correspondence concerning this i	natter to the following:
	Alejandro I. Velez, Esq.	
		Name of Person
	VIA Lawyers	
		Firn/Company
	14 NE 1st Avenue, Suite 815	
		Address
	Miami, Florida 33132	
,	office@vialawyers.com	City/State and Zip Code
<u>.</u>	-	ed for future annual report notification)
For further ir	aformation concerning this matter, plea	
	Alejandro I. Velez, Esq.	305
		Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
X \$125.00 Fi		S155.00 Filing Fee & S160.00 Filing Fee. Certified Copy (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

CR REAL HOLDINGS, LLC (Must contain the words "Limited Liab	pility Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office	e of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
14 NE 1st Avenue, Suite 815	14 NE 1st Avenue, Suite 815	
Miami, Florida 33132	Miami, Florida 33132	
ARTICLE III - Registered Agent, Registered Office, & F (The Limited Liability Company cannot serve as its own Reganother business entity with an active Florida registration.) The name and the Florida street address of the registered agenty VIA Lawyers	Registered Agent's Signature: gistered Agent. You must designate an individual or	2021 OC1
(The Limited Liability Company cannot serve as its own Reganother business entity with an active Florida registration.) The name and the Florida street address of the registered age VIA Lawyers	Registered Agent's Signature: gistered Agent. You must designate an individual or	2021 OCT -
(The Limited Liability Company cannot serve as its own Reganother business entity with an active Florida registration.) The name and the Florida street address of the registered age VIA Lawyers	Registered Agent's Signature: gistered Agent. You must designate an individual or	2021 OCT -4
(The Limited Liability Company cannot serve as its own Reganother business entity with an active Florida registration.) The name and the Florida street address of the registered age VIA Lawyers	Registered Agent's Signature: gistered Agent. You must designate an individual or ent are: ame Control Contr	2021 OCT -4 PM

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..

Florida

State

Miami

City

Registered Agent's Signature (REQUIRED)

33132

Zip

(CONTINUED)

ARTICLE IV-

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

	<u>Title:</u> "AMBR" = Authorized	Memher	Name and Address		
	"MGR" = Manager	·	CESAR A, ROBLES		
			14 NE 1st Avenue, Su	ite 815 Miami, Florida 33132	_
					_
					- -
					_
			 -	<u> </u>	_
					<u>-</u>
					_
					_
	(Use attachment if nece	ssary)			_
ARTIC	LEV: Effective date, if o	ther than the date of filing:	10/3/2021	(OPTIONAL)	
lf an e				n five business days prior to or	90 days after
Note:	If the date inserted in this			ing requirements, this date will r	ot be listed as
the doc	ument's effective date on	the Department of State's	records.		
ARTIC PURPOS	LEVI: Other provisions, E: ANY AND ALL LAWFUL BUS	if any. BINESS			
_					
	REQUIRED SIGNAT	URE:	11/		

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

This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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.

Alejandro I. Velez, Esq., as attorney-in-fact for Cesar A. Robles

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)