

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX COUNSEL, PLLC
Account Number : I20210000011
Phone : (305)907-5540
Fax Number : (305)907-5437

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: andrea@taxcounselus.com

SECRETARY OF STATE
TALLAHASSEE, FL 32310

22 JAN 25 PM 9:13

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**FLORIDA LIMITED LIABILITY CO.
EL CIDRAL, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
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Corporate Filing Menu

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ARTICLES OF ORGANIZATION
OF
EL CIDRAL, LLC

22 JAN 25 PM 9:13
SECRETARY OF STATE
TALLAHASSEE, FL 32304

ARTICLE I - NAME

The name of the limited liability company is EL CIDRAL, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
999 Ponce de Leon Blvd., Ste. 830
Coral Gables, FL 33134

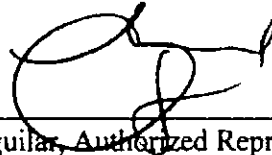
Mailing Address:
999 Ponce de Leon Blvd., Ste. 830
Coral Gables, FL 33134

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Tax Counsel, PLLC
999 Ponce de Leon Blvd., Ste. 830
Coral Gables, FL 33134

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.



Andrea Aguilar, Authorized Representative

ARTICLE IV - MANAGERS OR MEMBERS

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

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Title:

"MGR" = Manager

"AMBR" = Authorized Member

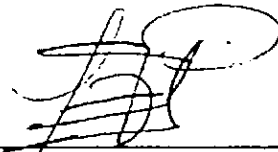
Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FL 32304

MGR

Fernando Hurtado
4871 SW 173rd Avenue,
Miramar, FL 33029

REQUIRED SIGNATURE:



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.

Fernando Hurtado

Typed or printed name of signee

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