Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA LIMITED LIABILITY CO.

FLORIDA LIMITED LIABILITY CO. CORPORACION RINCON MOLINA LLC

Certificate of Status	1
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Corporate Filing Menu

Flelp

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
CORPORACION RINCON MO	lina IIc	
ARTICLE II - Address: The mailing address and street address of the principal office company is:		-
1870 N. COMPORATE LAKES Blu	d =1-266234	
WESTON FI 33336	0022 F	
	8 - 9	- 11
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent Company cannot serve as its own Registered Agent. You must designate an individual or and with an active Florida registration.)	T OF ₽	
HAROLD R. MOREJON		
17240 SW 663T		•
SW RANCHES \$1 33331		
ARTICLE IV The name and title of each person authorized to manage and co Liability Company: (MGR or AMBR)	entrol the Limited	
ANA NElly RINCON COLINA	AMBR	
NElly ColiNA DE RINCON	AMER	
RICARD RINCON	AMBIR	
JUAN CARLOS RINCON	AMBR.	
Alegandro Rincon	AMBR.	
MAROLD R. MORETON	MgR	

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 herein 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 8.817.155, F.S.

HARULD R. MURRETON
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)