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Division of Corporations

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Account Number : I20000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. FLORIDA ISLAND RETALS LLC

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

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY FOR

ARTICLE II - Registered Agent, Registered Office: The name and the Florida street address of the principal office of the Limited Liability ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability) ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability) with an active Florida registration.) Wesley R. Williford ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Wesley Raymond williford (Ambr) Elena Marisa williford (Ambr)	ARTICLE I - Name:	
ARTICLE III - Address: The mailing address and street address of the principal office of the Limited Liability D. 7.6 (Ordova St Coval gables Fl 33134) ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability vails an active Florida registration.) Wesley R. Williford 1226 Corclova St. Coral Gables Fl 33134 ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Wesley Raymond williford (Ambr) Elena Marisa williford (Ambr)	The name of the Limited Liability Company is:	
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability) Company cannot serve as its own Registered Agent. You must designate an individual or another business entity Wesley R. Will ford 1226 Cordova St. Coral Gables Fl 33134 ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Wesley Raymond will ford (Ambr) Elena Marisa will ford (Ambr)	ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
with an active Florida registered Agent. You must designate an individual or another business entity Wesley R. Willford 1226 Corclova St. Coral Gables FL 33134 ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Wesley Raymond willford (Ambr) Elena Marisa williford (Ambr)	1226 Cordova St Covalgables Fl 33134	ſ
CORAL GABLES FL 33134 ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Wesley (Raymond williford (Ambr) Elena Marisa williford (Ambr)	with an active Florida registration.)	
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR) Wesley Raymond williford (Ambr) Elena Marisa williford (Ambr)	1226 Cordova St.	
Elena Marisa williford (AmbR)	ARTICLETV	
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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 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 s.817.155, F.S.

Wesky williford

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)