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Division of Corporations

**Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : GEOFFREY M. WAYNE, P.A.
Account Number : 076770003401
Phone : (305)381-8108
Fax Number : (305)381-8109

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

Email Address: CC@ABOGADOMIAMI.COM

**FLORIDA LIMITED LIABILITY CO.
LATINA BONITA LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **LATINA BONITA LLC**

ARTICLE II- Address:

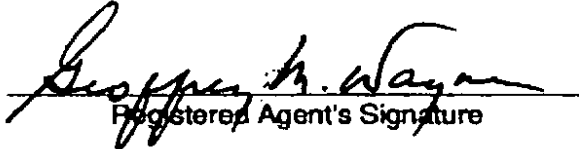
The mailing address of the Limited Liability Company is: 9349 Collins Ave., Unit 604, Surfside, FL 33154.
The street address of the principal office of the Limited Liability Company is: 9349 Collins Ave., Unit 604, Surfside, FL 33154.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**EXCELSIOR CORPORATE SERVICES LLC
135 San Lorenzo Ave., PH 840
Coral Gables, FL 33146**

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

DEPARTMENT OF STATE
ATTORNEY GENERAL'S OFFICE
TALLAHASSEE, FLORIDA

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ARTICLE IV – Management:

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

- | | |
|------|-------------------------------------------------------------------------------------|
| AMBR | María Avelina Roldan Proaño
9349 Collins Ave., Unit 604
Surfside, FL 33154 |
| AMBR | Florencia Fernanda Cobo Durini
9349 Collins Ave., Unit 604
Surfside, FL 33154 |
| AMBR | Barbara Brauer
9349 Collins Ave., Unit 604
Surfside, FL 33154 |

ARTICLE V – Limitation of Authority:

The sale, lease, other disposition, assumption of debt affecting or encumbrance (by mortgage or otherwise) of any of the Company's assets shall require the written consent of all Members including each Member holding jointly.

ARTICLE VI – Effective date, if other than the date of filing: _____


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.)

Geoffrey M. Wayne
Typed or printed name of signee

FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization**
- \$ 25.00 Designation of Registered Agent**
- \$ 30.00 Certified Copy (OPTIONAL)**
- \$ 5.00 Certificate of Status (OPTIONAL)**

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TALLAHASSEE, FLORIDA