Florida Department of State Division of Corporations

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FLORIDA LIMITED LIABILITY CO. CUBAN VOICE OF LIBERTY LLC

| Certificate of Status | 1 | | |
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Corporate Filing Menu

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| ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY | SECRET | 2922 MAY 18 | |
|--|------------------------|-------------|-------------|
| ARTICLE I - Name: The name of the Limited Liability Company is: | TARY OF S ASSEE, FL |)# | ; T |
| · Cuban Voice of Liberty LLC | IATE ORIDA | 9: 32 | |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li Company is: | ability | | |
| 4600 NW 7th St Miami, Fl 3312 | 6 | | |
| | | | |
| | | | |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite 1 L. Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) [LC41cd0 Guhenc? | iability | | |
| 4600 Nw 71h St Miami, Fl 3312 | 16 | | |
| ARTICLE IV The name and title of each person authorized to manage and control the Limite Liability Company: (MGR or AMBR) Lecaredo Gutierrez, MGR Fernando Godo, MGR | ed | - | |
| | | | |

Required Signatures:

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.

Leggedo Gutierrez

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 herely 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)

ECRETARY OF STATE