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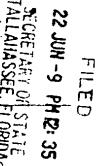
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## FLORIDA LIMITED LIABILITY CO. INMOBILIARIA ARIAS MULLER, LLC

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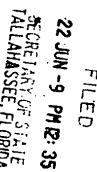
To:

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	11	MOBILIARIA ARIA	S MULLER, LLC	
(Must end	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")			
RTICLE [] - Address:				
he mailing address and street a	ddress of the principal off	ice of the Limited I	Liability Company is:	
Principal	Principal Office Address:		Mailing Address:	
4474 WES	4474 WESTON RD #1012		5734 LAUREL CYN BLVD #6	
DAVI	DAVIE, FL 33331		VALLEY VILLAGE, CA 91607	
	Florida street address	Name /ESTON RD #1012 (P.O. Box <u>NOT</u> ac		
	DAV	IE, FL 33331		
	City	State	Zip	
iving been named as registered on this certificate, and the properties to comply with the properties that and accept the ob-	I hereby accept the appoint ovisions of all statutes relating attentions of my position at fact the statutes of my position at fact the statutes of my position at fact the statutes of the st	iniment as registere ating to the proper o s registered agent a Roberts Artas	d agent and agree to act in and complete performance s provided for in Chapter 6	this capacity. I of my duties, and i
	Register	red Agent's Signatu	re (REQUIRED)	
		(CONTINUED)		TAL

Page 1 of 2



From: Yanet A

<u>Title:</u> "AMBR" = Autho	orized Member	Name and Address:		
"MGR" = Manager MGR	ROBERTO PATRICIO ARIAS ALEGRIA 5734 LAUREL CYN BLVD #6			
		JOCELYN PATRICIA MULLER CERDA 5734 LAUREL CYN BLVD #6		
MGR				
		VALLEY VILLAGE, CA 91607		
<del></del>	<del></del>			
(Use attachment if	(Use attachment if necessary)			
an effective date is lister date of filing.)	d, the date must be special this block does not me	of filing:  (OPTIONAL)  cific and cannot be more than five business days prior to or 90 days after  cet the applicable statutory filing requirements, this date will not be listed as  if State's records.		
RTICLE VI: Other provis	sions, if any.			
REQUIRED SIG	NATURE:			
		Roberto Arias		
1:	his document is execute am aware that any false	mber or an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.		
	F	ROBERTO PATRICIO ARIAS ALEGRIA		
		Typed or printed name of signee		