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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

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

Email Ade	iress:	

FLORIDA LIMITED LIABILITY CO. 6190 SW 128 ST LLC

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
6190 Sw 128 ST	LLC
ARTICLE II - Address: The mailing address and street address of the principal Company is:	l office of the Limited Liability
1591 Bird Rd	
CORAL Gables FC	33146
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the register Company cannot serve as its own Registered Agent. You must designate an individual an active Florida registration.) RICHARD Cowis SUANEZ	ed agent are: (The Limited Liability vidual or another business entity
1591 Bird Rd	
Coral Gables f	[3346 =
ARTICLE IV The name and title of each person authorized to manag Liability Company: (MGR or AMBR)	SECRETARY OF AMBR
Richard Lovis SUAREZ	HWRK TO B I
CArola R. Suanez	AMBR GA
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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.

RICHARD LAISCAREZ

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 here by accept the appointment as registered agent and agree to act in this capacity. I further agr 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)

SECRETARY OF STATE