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Certified Copies Certificates of Status
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ALLAHASSEE, FLORID

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TRANS FLORIDA PARCELS, LLC Art of Inc. File. LTD Paramenship File. Foreign Corp. File. LC. File. Fictitious Name File. Trade/Service Mark. Merger File. Art. of Amend. File. RA Resignation. Dissolution / Withdrawa! Anall Report / Reinstatement. Cert. Copy. Photo Copy. Certificate of Good Standing. Certificate of Fictitious Name. Certificate of Fictitious Name. Certificate of Fictitious Name. Corp Record Search. Fictitious Search. Fictitious Search. Fictitious Search. Fictitious Search. Driving Record. Vehicle Search. Driving Record. UCC 11 Search. UCC 11 Search. UCC 11 Retrieval.					
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	Walk-In	•		Courier	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liabil	ity Company is:		
TRANS FLORIDA	PARCELS, LLC		
(Must cor	itain the words "Limited	Liability Company,	"L.L.C.," or "LLC.")
ARTICLE II - Address:	uddan o Calabarainnian la	المرائضا المراوع ومراك	Liability Common view
The mailing address and street	address of the principal c	office of the familied	Clabinty Company is:
Princip	pal Office Address:		Mailing Address:
13960 SW 147th Av	ve.	1396	0 SW 147th Ave.
Miami, FL 33186		Miar	ni, FL 33186
ARTICLE III - Registered As (The Limited Liability Compan another business entity with an The name and the Florida stree	y cannot serve as its own active Florida registration	Registered Agent. \on.)	it's Signature: You must designate an individual or
		8	
	AGI Registered Age		
		Name	
	1000 Brickell Ave.,	Suite 300	
	Florida street addres	is (P.O. Box <u>NOT</u> ac	eceptable)
	Miami	Fl.	33131
	City	State	Zip

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)

(CONTINUED)

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ARTICLE IV-

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

<u>litle:</u> 'AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Javier Melo
	13960 SW 147th Ave.
	Miami, FL 33186
Use attachment if necessary)	
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