Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.

Account Number : 104512000707

Phone : (305)803-2736 Fax Number : (305)646-1527

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

<b>-</b>	•	٦.	
rma	1	1	Address:

## FLORIDA LIMITED LIABILITY CO. SUVILLAGA PARKING LOTS, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:			
The name of the Limited Liabi	lity Company is:		
<del></del>	SUVILLAG	<u>A PARKING L</u>	LOTS, LLC.
(Must coa	ntain the words "Limit	ed Liability Co	mpany, "L.IC.," or "LI.C.")
ARTICLE II - Address:			, , , ,
The mailing address and arms.	_13		
The mailing address and street	address of the principa	il office of the l	Limited Liability Company is:
Times	pal Office Address:		Mailing Address:
11411 NW 7 STRE	E.I.		HALL NBU 7 CEREET
#206			11411 NW 7 STREET #206
MIAMI, FL. 33172			MIAMI, FL. 33172
			MIAWI, 1 C. 55172
	JUAN CARLOS G	ONZALEZ Name	
	11411 NW 7 STRE		
	Florida street addre	ess (P.O. Box 🏖	NOT acceptable)
	MIAMI	FL	33172
	City	State	Zip
Uguing hamman day			•
place devianated in this movie con-	agent and to accept ser	vice of process	for the above stated limited liability company at the
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y and the decept the ob	ingularis of my paragon	as registerea a	proper and complete performance of my duties, and egent as provided for in Chapter 605, F.S
	-//1	eles 1	0
	-/11/	The state of the s	
	Rogis	tered Agent's S	Signature (REQUIRED)
	/	a rigoni s c	ASSUMENCE (REQUIRED)

(CONTINUED)

AR	U	C	LE	IV	-
<b></b> .					

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

	,	
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
MGR	JUAN CARLOS GONZALEZ 11411 NW 7 STREET #206 MIAMI, FL. 33172	
(Use attachment if necessary)		
the date of filing.)	e of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days affineet the applicable statutory filing requirements, this date will not be listed	
ARTICLE VI: Other provisions, if any.	of State's records.	d as
REOUIRED SIGNATURE:	gales f	
Signature of a me This document is execut I am aware that any false	ember or an authorized representative of a member.  ted in accordance with section 605.0203 (1) (b), Florida Statutes.  information submitted in a document to the Department of State c felony as provided for in s.817.155, F.S.	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

JUAN CARLOS GONZALEZ

\$ 5.00 Certificate of Status (Optional)