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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016 Phone : (954)903-4036 Fax Number : (954)246-0340

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

Email Address:___

FLORIDA LIMITED LIABILITY CO. AVEM RESERVE LLC

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

COVER LETTER

	الم	VEM RESE	RVE LLC		
SUBJECT:	Name of I	Name of Limited Liability Company			
The enclosed Articles o	d Organization and fee(s)	are submitte	d for filing.		
Please return all corresp	ondence concerning this	matter to the	following:		
	Mari	a Fe Gonzalo	rz.		
		Name o	f Person		
	AVE	M RESERVI	ELLC		
		Firm/C	ompany		
	2000 Ponce de Li	eon Blyd			
		Add	ress		
	Coral Gabl	es, FL, 3313	1		
	- · · · · ·		nd Zip Code		
	E-mail address: (to be us	tas@taxcarei		·	
For further information co			аншан герон поансас	ion)	
Nathaly Cua	ırtas	954	9034036		
Nar	me of Person	Area Code	_)	ne Number	
Enclosed is a check for	the following amount:				
■\$125.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certif	35.00 Filing Fee & led Copy (al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed	

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

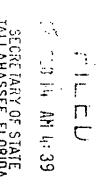
	(1) (1,7) (3,3) (1,4) (1,7) (1,7) (1,7)
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
AVEM RESERVE	E LLC
(Must contain the words "Limited Liability Com	pany, "L.L.C.," or "LLC.")
ADTICLE CO. A. D.	
ARTICLE II - Address:	
The mailing address and street address of the principal office of the L.	imited Liability Company is:
Principal Office Address:	Mailing Address:
2000 Ponce de Leon Blvd	2000 Ponce de Leon Blyd
Coral Gables, FL, 33134	Coral Gables, FL, 33134
ARTICLE III - Registered Agent, Registered Office, & Registered (The Limited Liability Company cannot serve as its own Registered A another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	

Mari	a Fe Gonzalez	
	Name	
1604 Fastlake Wa	iv	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	rceptable)
Weston	FL	33326
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.

Hasaa Fo Gongalag Registered Agent's Signature (REQUIRED)

(CONTINUED)



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

Title: "AMBR" = Authorized M "MGR" = Manager	Name and Address; ember
AMBR	Maria Fe Gonzalez 1604 Fastlake Way Weston, FL. 33326
AMBR	Manuel Herranz 1604 Fastlake Wav Weston FL. 33326
AMBR	<u>Francisco Gonzalez</u> 2000 Ponce de Leon Blyd Coral Gables, FL, 33134
<u>AM</u> BR	Ana Munoz 2000 Ponce de Leon Blyd Coral Gables, FL. 33134
(If an effective date is listed, the dathed date of filing.)	or than the date of filing:
the document's effective date on th ARTICLE VI: Other provisions, if a Real Estate	e Department of State's records.
REQUIRED SIGNATUR	RE:
	Warna Fo Georgalez
This docu Lam aware	mature of a member or an authorized representative of a member, ment is executed in accordance with section 605.0203 (1) (b), Florida Statutes, a that any false information submitted in a document to the Department of States a third degree felony as provided for in s.817.155, F.S.
_	Maria Fe Gonzalez Typed or printed name of signee
	Filing Fees:

Fitting Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)