

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : A. GARCIA & CO., P.A.
Account Number : I2000000094
Phone : (305)273-6525
Fax Number : (305)273-6564

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

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**FLORIDA LIMITED LIABILITY CO.
LLANTERA NARVAEZ LLC**

Certificate of Status	1
Certified Copy	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

LLANTERA NARVAEZ LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**11440 N. KENDALL DR #401
MIAMI, FL 33176****ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:


Perpetual**ARTICLE IV - REGISTERED AGENT**

The name and the Florida street address of the registered agent are:

**AMADO GARCIA
11440 N. KENDALL DR #401
MIAMI, FL 33176****ACKNOWLEDGMENT:**

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..

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Registered Agent = AMADO GARCIA