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FLORIDA LIMITED LIABILITY CO.
COWORK, LLC.

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL 32399

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF**

COWORK, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

COWORK, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**150 SE 2ND AVE STE 300
MIAMI, FL 33131**

The mailing address shall be:

**150 SE 2ND AVE STE 300
MIAMI, FL 33131**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

PAULA A. GOMEZ

**150 SE 2ND AVE STE 300
Florida Street address (P.O. BOX NOT acceptable)
MIAMI, FL 33131
City, State, and Zip**

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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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

PAULA A. GOMEZ
150 SE 2ND AVE STE 300
MIAMI, FL. 33131

AMBR



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.)

PAULA A. GOMEZ

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