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

Email Address: pmendez@mendezpa.com

**FLORIDA LIMITED LIABILITY CO.
3132 INDIANA STREET, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

3132 INDIANA STREET, LLC

ARTICLE II - Address:

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

2020 Ponce de Leon Boulevard
Suite 1005B
Coral Gables, Florida 331342023 JUL 26 AM 02:44
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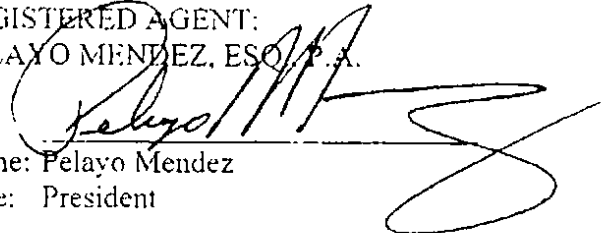
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ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

Pelayo Mendez, Esq., P.A.
2020 Ponce de Leon Boulevard
Suite 1005B
Coral Gables, Florida 33134

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, F.S.

REGISTERED AGENT:
PELAYO MENDEZ, ESQ., P.A.By: 
Name: Pelayo Mendez
Title: President

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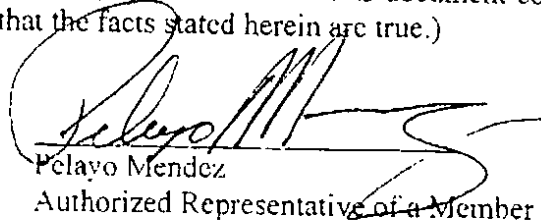
ARTICLE IV - Management:

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

The initial manager for the company shall be:

Rafael Mendez
2020 Ponce de Leon Boulevard
Suite 1005B
Coral Gables, Florida 33134

(In accordance with section 605, Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Pelayo Mendez
Authorized Representative of a Member

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