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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DEP ASSETS & INVESTMENT LEC

(Must contain the words "Limited Liability Company, "L.L.C.," of "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	
129 CADIMA AVE	129 CADIMA AVE	
CORAL GABLES I'L 33134	CORAL GABLES FU 33134	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its uwn Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CAROLINA PACHECO Name 19032 SW 55th STRI-ET Florida street address (P.O. Box <u>NOT</u> acceptable)

MIRAMAR FL 33029 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. Unreby accept the appointment as registered agent and agree to act in this capacity. T further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and T 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 (REQUIRED)

(CONTINUED)



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ARTICLE IV-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	ALVARO RAMON DE LEON MORENO 129 CADIMA AVE CORAL GABLES FL 33134
MGR	MARIA BERNARDA PACHECO MARTELO 129 CADIMA AVE CORAL GABLES FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

	This document is spouted in acquidance with section 605.0203 (1) (b), Florida Statules. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felosy as provided for in s.817.155. F.S.	This document in executed in accelerations with section 605.0203 (1) (b), Florida Statules. Lam aware therapy false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S. <u>ALVARO RAMON DE LEON MORENO</u> Typed or printed name of signee	EQUIRED SIGNATURE:	
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