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From:

Account Name : STOLZENBERG, GELLES & FLYNN, LLP

Account Number : I20100000018 Phone : (305)961-1450 Fax Number : (305)423-3979

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Email Address: david.sinopoli@gmail.com

# FLORIDA LIMITED LIABILITY CO. INTER 52, LLC

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY RUY = 8 PM 4: 27

ARTICLE I NAME TALLAHASSEE, FL

The name of the Limited Liability Company is:

#### INTER 52, LLC

### ARTICLE II ADDRESS

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

Mailing Address:

Principal Office Address:

212 N. Miami Avenue Miami, FL 33312 212 N. Miami Avenue Miami, FL 33312

## ARTICLE III REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the registered agent is:

#### STOLZENBERG GELLES FLYNN & ARANGO, LLP

1533 Sunset Drive, Suite 150 Coral Gables, Florida 33143

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.

Keith H. Stolzenberg, Esq., Registered Agent

(CONTINUED)

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#### ARTICLE IV

#### MANAGEMENT

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

AMBR:

DAVID SINOPOLI

Authorized Member

212 N. Miami Avenue Miami, FL 33312

Keith H. Stolzenberg, Esq., Authorized Representative

(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. I am aware that any 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.)