Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : COMPUTERSHARE
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

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

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

7120 Fairway, LLC

Certificate of Status	0
Certified Copy	0
Page Count	0.3
Estimated Charge	\$125,00

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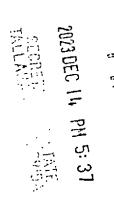
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	v Company is:			
7120 Fairway, LLC				
(Must conta	in the words "Limited	Liability Comp	iny, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Lin	ited Liability Company is:	
<u>Prinçips</u>	l Office Address:		Mailing Address:	
7120 Fairway Drive, Un	it #L3		020 NW 150th Avenue, Suite 300-A	
Miami Lakes, FL 33014			Pembroke Pines, Fl. 33028	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street a	cannot serve as its own ctive Florida registration	Registered Agon.)	Agent's Signature: ent. You must designate an individ	ual or
	Corporate Creations Ne	twork Inc		
		Name		
	801 US Highway I	······································	<u></u>	
	Florida street addres	s (P.O. Box <u>NC</u>	T acceptable)	
	North Palm Beach	FL.	33408	
	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. Thereby 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.,

> Tiffany Meeker, Special Secretary /s/ Tiffany Meeker Registered Agent's Signature (REQUIRED)

> > (CONTINUED)



Zoho Sign Document ID: 2D69D5CD-E-RWUTYVZX9IB_0IDTZUCFDVGETLYWWVQOJMJMGXVRY

"AMBR" = Authorized	Name and Address:
	Member
"MGR" = Manager	
MGR	ManPoofla, LLC
	ManPoofla, LLC 2020 NW 150th Avenue, Suite 300-A
	Pembroke Pines, FL 33028
effective date is listed, the e of filing.) If the date inserted in this cument's effective date on	ther than the date of filing:
ffective date is listed, the e of filing.) If the date inserted in this sument's effective date on CLE VI: Other provisions,	date must be specific and cannot be more than five business days prior to or 90 days block does not meet the applicable statutory filing requirements, this date will not be little Department of State's records.
effective date is listed, the e of filing.) If the date inserted in this cument's effective date on CLE VI: Other provisions,	date must be specific and cannot be more than five business days prior to or 90 days block does not meet the applicable statutory filing requirements, this date will not be little Department of State's records.
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ffective date is listed, the e of filing.) If the date inserted in this ument's effective date on LE VI: Other provisions, REQUIRED SIGNAT S This do I am aw	block does not meet the applicable statutory filing requirements, this date will not be little Department of State's records. if any. URE: Cassily DAndrea ignature of a member or an authorized representative of a member. cument is executed in accordance with section 605.0203 (1) (b). Florida Statutes.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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