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FLORIDA LIMITED LIABILITY CO. 20MS, LLC

Certificate of Status	1
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Estimated Charge,	\$130.00

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ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

-20MS, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 11789 SW 185T APOT 3 MIAMI FL 33175
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: The Limite: Liability with an active Florida registration.) NOCL ELOY OMS HERNANDER IN APOTS MIAMI FL 33175 ARTICLE IV
The name and title of each person authorized to manage and control the Limited
Noel ELOY OMS HERNANDEZ (AMBR) YANIBYS FONSECA GARCÍA (AMBR)

EIN: 99-0805015

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution c this document constitutes an affirmation under the penalties of perjury that the facts stated agrein 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.

Moel E Loy OMS HERN a'N bez

Typed or printed name of signee

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 (REQUIRED)