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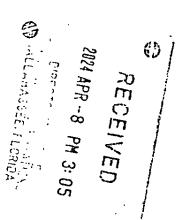
| . (| (Requestor's Name) |
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| (| (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 3230! (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

114. Ponder's Printing + Thom seven GA &YC

| CONSTRUCTO | RA MIS RAISES LLC | —————————————————————————————————————— |
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| Please Debit FC | A000000003 For: 125 | |
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| Thank you Seth 1 | Neeley | |
| Stop | | Art of Inc. File |
| | | LTD Partnership File |
| | | Foreign Corp. File |
| | | L.C. File |
| | | Fictitious Name File |
| | | Trade/Service Mark |
| | | Merger File |
| | | Art, of Amend, File |
| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
| | | Cert Conv |
| | | Photo Copy Certificate of Good Standing |
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| Signature | | Fictitious Owner Search |
| Signature | | Vehicle Search |
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| Requested by: | | UCC 1 or 3 File |
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| Name | Date Time | UCC 11 Retrieval |
| Walk-In | Will Pick Up | Courier |

COVER LETTER

| | ew Filing Section ivision of Corporations | | |
|----------------------|---|---|----------------|
| CUDICCT | CONSTRUCTORA MIS F | RAISES LLC | |
| SUBJECT | × | Same of Limited Liability Company | |
| The enclose | ed Articles of Organization an | nd fee(s) are submitted for filing. | |
| Please retui | rn all correspondence concern | ning this matter to the following: | |
| | JOAQUIN ALFONSO BER | (MEJO RIVERO | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 1138 NORMANDY DR | | |
| | | Address | |
| | MIAMI BEACH, FL 33141 | 1 | |
| | PARADISEIMBUSA@GMA | City/State and Zip Code | |
| - | | (to be used for future annual report notification) | , , |
| For further in | nformation concerning this ma | atter, please call: | / 166 |
| | NADJI MILLAN | 1 7863289277 | |
| | Name of Person | Area Code Daytime Telephone Number | |
| | a check for the following am | | 3 |
|]\$ 125.00 Fi | ling Fee \$130.00 Filin Certificate of | rg Fee & \$155.00 Filing Fee & \$160.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed) | tus & |
| | Mailing Address | Street Address | |

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|--------------------------------------|
| The name of the Limited Liability Company is: | |
| | |
| CONSTRUCTORA MIS RAISES LLC | |
| (Must contain the words "Limited Liabil | ity Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal office of | of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1138 NORMANDY DR | 1695 NW HOTH AVE SUITE 318 |
| MIAMI BEACH, FL 33141 | MIAMI, FL 33172 |
| ARTICLE III - Registered Agent, Registered Office, & Re (The Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.) | |
| The name and the Florida street address of the registered agen | t are: |
| PARADISE IMB USA M. | ANAGEMENT SERVICES LLC |
| Nan | nė |

 1695 NW 110TH AVE SUITE 318

 Florida street address (P.O. Box NOT acceptable)

 MIAMI
 FL
 33172

 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, 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)

(CONTINUED)

| | Title: | Name and Address: |
|---|--|--|
| | "AMBR" = Authorized Member | |
| | "MGR" = Manager | 10 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | MGR | JOAQUIN ALFONSO BERMEJO RIVERO |
| | | 1138 NORMANDY DR MIAMI BEACH, FL 33141 |
| | | MIAMI BEACH, PL 33141 |
| | MGR | RUBEL SIMON PERNIA HERNANDEZ |
| | | H38 NORMANDY DR |
| | | MIAMI BEACH, FL 33141 |
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| | (Use attachment if necessary) | |
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Filing Fees:

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

RUBEL SIMON PERNIA HERNANDEZ

Typed or printed name of signee

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)