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FLORIDA LIMITED LIABILITY CO. NORTHSTAR 1130 LLC

Certificate of Status	1
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

NORTHSTAR 1130 LLC

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

ARTICLE II - Address:

ą

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

Principal Office Address:

Mailing Address:

8933 NW 23 STREET DORAL, FL 33172

8933 NW 23 STREET DORAL, FL 33172

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own 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:

PEREZ ABELLO LAW PLLC

Name

1390 S DIXIE HIGHWAY, SUITE 1309

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

CORAL GABLES City

State

Zip

: Ė

Having been named as registered agent and to accept service of process for the above stated limited liability co npany arthe place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity if 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)

Docusign Envelope ID: DE9B8D91-984D-4B3F-BDC3-2D9DB2EFD577

ARTICLE IV-

MGR B933 NW 23 STREET DORAL, FL 33172 MGR LUIS R POMPA 5620 SW 162 AVENUE SOUTHWEST RANCHES, FL 33332 MGR RAMON F. ARGUELLES 4201 DERBY DRIVE DAVIE, FL 33330 Use attachment if necessary) CV: Effective date, if other than the date of filing: (OPTIONAL) Cuttve date is listed, the date must be specific and cannot be more than five business days prior to account of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be cent's effective date on the Department of State's records.	Title: "AMBR" = Authorized Member "MGR" = Manager	authorized to manage and control the Limited Liability Company: Name and Address:
Use attachment if necessary) Use attachment if necessary OPTIONAL IT AND		
MGR LUIS R POMPA 5620 SW 162 AVENUE SOUTHWEST RANCHES, FL 33332 MGR RAMON F. ARGUELLES 4201 DERBY DRIVE DAVIE, FL 33330 Use attachment if necessary) V. Effective date, if other than the date of filing: (OPTIONAL) Citive date is listed, the date must be specific and cannot be more than five business days prorte or 90 of filing.) In ling.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ent's effective date on the Department of State's records. VI: Other provisions, if any. Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florid. Statutes, 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. Julio J. Moreno. Typed or printed name of signec Filing Fees:	MOK	JULIO J. MORENO
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