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Requestor's Name
2151 Le June Rd #312

Address
Coval 6ables 33134

City State ZIP Phone

305 444 8288

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CORPORATION(S) NAME

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: CENTRUST DEVELOPMENT CO., L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4011 W. Flagler Street, Suite 404 Miami, FL 33134

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: perpetual.

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SECRETAND OF STATE
TALLAHASSEE, TLORIDA

ARTICLE IV - Management: (Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

J.A.R. Family Limited Partnership 2250 N.W. 96 Avenue Miami, FL 33172

Rolando Velasco 4011 W. Flagler Street, Suite 404 Miami, FL 3313

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

New members shall be admitted to the Limited Liability Company pursuant to a vote of not less than 100% of the total existing ownership interests in the Limited Liability Company, which percentage shall be determined and measured by the percentage of ownership interest each Member has in the Limited Liability Company. No individual Member and/or Managing Member of the Limited Liability Company shall ever have the power to terminate or grant membership

to any person.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

the remaining and/or surviving Members shall be fully entitled to continue the business of the Limited Liability Company provided that 100% of the ownership interests then remaining shall have agreed to do so in writing.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of <u>Centrust</u>	<u>Development</u>
Co., ItaliaCa cer	tifies:
1) the above named limited liability company has at least one member; 2) the total amount of cash contributed by the member(s) is 3) if any, the agreed value of property other than cash contributed by member(s) is (A description of the property is attached and made a part hereto.); and	\$100.00 ; \$_none ;
4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is	\$100 TALLAHASS
Signature of a member of an authorized representative of a mem (In accordance with section 608,408(3), Florida Statutes, the execution of affidavit constitutes an affirmation under the penalties of perjury that the stated herein are true.)	this SF =
Typed or printed name of signee	
Typed of printed name of signee	

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

. The name of the lim	nited liability company is:		
<u>Centrust Dev</u>	velopment Co., I.I.C.		
2. The name and the F	Florida street address of the registered agent are:	99 MAY	77
Jose	e A. Rodriguez		
-	NAME THE		Ш
980	1 S.W. 110 Street	AM II:	Ų
	Florida street address (P. O. Box NOT ACCEPTABLE)	77 20	
Mia	IMI FL 33176 CITY, STATE AND 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.

Filing/Fee: \$ 35 for Designation of Registered Agent

SIGNATURE