

L04000083322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

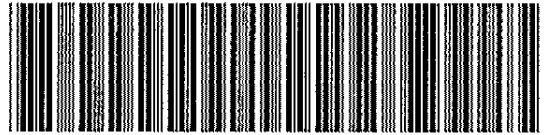
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
04 NOV 17 AM 11:12
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
04 NOV 17 PM 2:45
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

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SECRETARY OF STATE

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. BISCAYNE ASSOCIATES GROUP, LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2.06 ☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials _____

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY
COMPANY
OF
BISCAYNE ASSOCIATES GROUP, LLC.**

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is:

BISCAYNE ASSOCIATES GROUP, LLC.

ARTICLE II - Address

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

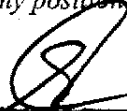
822 East 31st Street Hialeah, FL 33013

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

CAMILO GONZALEZ
822 East 31st Street
Hialeah, FL 33013

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 familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature

ARTICLE IV – Management (Check box if applicable)

(x) *The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.*



Camilo Gonzalez

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

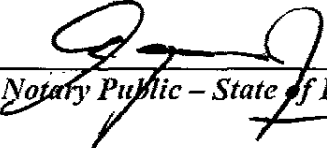
IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this November 16, 2004 at Miami, FL.



CAMILO GONZALEZ

STATE OF FLORIDA
COUNTY OF DADE

Sworn and subscribed before me,
This 16th day of November of 2004 at Miami, FL.



Notary Public - State of Florida

My Commission Expires:



Adis Margarita Ugarte
Commission # DD 031148
Expires July 16, 2005
Bonded Thru
Atlantic Bonding Co., Inc.