

L050000908/5

Florida Department of State  
Division of Corporations  
Public Access System

SEP 14 2 3 10  
TALLAHASSEE, FLORIDA

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000218772 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)205-0383  
From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

AL

RECEIVED  
05 SEP 14 PM 1:02  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

1406 tu llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

405000218772

3

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**  
The name of the Limited Liability Company is:

1406 TU LLC

**Article II - Address:**  
The mailing address and street address of the principle office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

18206 COLLINS AVE  
SUNNY ISLES FL  
33160

18206 COLLINS AVE  
SUNNY ISLES FL  
33160

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

FERNANDO ALPEIN  
Name

18206 COLLINS AVE  
Florida street address (P.O. Box NOT acceptable)

SUNNY ISLES FL 33160  
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 as provided for in Chapter 608, F.S..

  
Registered Agent's Signature

405000218772

H0500021877a

ARTICLE IV - Management / Member(s):  
The name(s) and address(es) of each Manager or Managing Member is as follows"

Title:  
"MGR" = Manager  
"MGRM" = Managing Member

Name and Address:

MGR

EZEQUIEL CHIRAZI  
18206 Collins Ave  
Sunny Isles, FL 33160

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or authorized representative of a member.

(In accordance with section 608.406(3), Florida Statutes,  
the execution of this document constitutes an affirmation under  
the penalties of perjury that the facts stated herein are true.)

FERNANDO ALPERN

Typed or printed name of signee

H0500021877a