

**L1000077291**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
12350 WILES ROAD LLC**

Certificate of Status 0  
Certified Copy 1  
Page Count 03  
Estimated Charge \$155.00

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

12350 WILES ROAD LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4123 NW 58 DRIVE  
COCONUT CREEK FL  
33073

SAME

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:

MICHAEL SCLAFANI

Name

1121 S.E. 6TH TERR

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

POMPANO FL 33060

City, State, and Zip

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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 (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Rod BIRON  
4123 NW 58 DRIVE  
COCONUT CREEK FL 33073

MGR

LAURA BIRON  
4123 NW 58 DRIVE  
COCONUT CREEK FL 33073

MGR

MICHAEL SCLAFANI  
1121 S.E. 6 TERRACE  
POMPANO FL 33060

MGR

MARY SCLAFANI  
1121 SE 6 TERRACE  
POMPANO FL 33060

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

R Biron  
Signature of a member or an authorized representative of a member.

(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.)

Rod BIRON  
Typed or printed name of signee

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Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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