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Certificate of Status	0
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G. MCLEOD

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EXAMINER

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•	* * * * * * * * * * * * * * * * * * * *
The name of the Limited Liability Com	pany is:	
40404.00	, , , , , , , , , , , , , , , , , , ,	
13401 Old	Sheridan St. LLC	
(Must end with the words "Liru	ited Liability Company, "L.L.C.," or 'LLC.")	
ARTICLE II - Address:		
The mailing address and street address o	of the principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	:
13401 Old Sheridan St.	Same	
South West Ranches, Fl 33330		· .
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its o business entity with an active Florids registration.)		
		<u>,</u>
The name and the Florida street address	of the registered agent are:	10 0 36CH
	of the registered agent are:	10 OCT SECRET
	_ <u>-</u>	CRETAR LAHASS
<u> </u>	ria H. Vaides	CRETARY LAHASSEI
13401 C	ria H. Vaides Name	CRETARY OF S LAHASSEE, FL
13401 C	ria H. Vaides Name Old Sheridan St. Street address (P.O. Box NOT acceptable)	CRETARY OF S LAHASSEE, FL
13401 (Florida : South West Rand	na H. Vaides Name Old Sheridan St. Street address (P.O. Box NOT acceptable)	OCT 21 AM CRETARY OF LAHASSEE. F

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)

Page 1 of 2

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address:
	MGR	: Maria H. Valdes
		13401 Old Shendan St.
		South West Ranches, FI 33330
1		
1		
	\$1.000 pt 1000	
1	(Use attachment if necess	ary)
(If an	ICLE V: Effective date, if of effective date is listed, the composition of filling the date of filling the date.	ther than the date of filing: October 21, 2010 (OPTIONAL) date must be specific and cannot be more than five business days prior ng.)
	REQUIRED SIGNATU	RE:
	Signomr	e of a member of an authorized representative of a member.
	(In accordance wi constitutes an affi I am aware that at	th section 608,408(3), Florida Statutes, the execution of this document innation under the ponalties of perjury that the facts stated herein are true, by false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.)

Filing Fees:

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

Maria H. Valdes Typed or printed name of signee