(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

JUN 8 - 2012

EXAMINER



400235674294

06/07/12--01017--012 **130.00

12 JUN -7 AM 10: 15

12 JUN -T PM 1:07

LAZARUS

CR2E031(7/97)

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

		0.00
PORATION NAME(S) & DOCU	IMENT NIIMRER(S) <i>(if</i>	Office Use Only
2302)_(.	Miowil).
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	·
(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
W FILINGS	<u>AMENDMENTS</u>	•
Profit Net for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	
OTHER FILINGS	REGISTRATION/	<u>QUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	rship
•		Th

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
2302	LIC			
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability	y Company is:		
Principal Office Address:	Mailing Address:	Mailing Address:		
19400 TURNBERRY WAY #1421	21 19400 TURNBERRY WAY #1421			
AVENTURA, FL 33180	AVENTURA, FL 33180			
19400 T	SKA FERRIS Name JRNBERRY WAY #821 a street address (P.O. Box NOT acceptable)	JUN-7 PH I:		
MIAMI	FL 33180	2		
C	ity, State, and Zip	71.2		
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	nt and to accept service of process for the above mated in this certificate, I hereby accept the appear scapacity. I further agree to comply with the pumplete performance of my duties, and I am famin as registered agent as provided for in Chapte ed Agent's Signature	ointment as rovisions of all iliar with and		

(CONTINUED)

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	VANESKA FERRIS
	19400 TURNBERRY WAY #821 AVENTURA, FL 33180
MGR	VALESKA FERRIS
	19400 TURNBERRY WAY #621
	AVENTURA, FL 33180
•	
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Danie A	Juis VV
Signature of a member	r or an authorized representative of a member.
(In accordance with sec of this document consti- that the facts stated he	tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury erein are true.)
· VAI	NESKA FERRIS
Туј	ped or printed name of signee