L13000124888

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Во	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



200250979712

09/03/13--01040--007 **160.00

FILED

SECURIARY OF SAME

SEP - 4 2013 J. BRYAN

COVER LETTER

TO: Registration S Division of Co			7013 SE
SUBJECT:	ALAND	OR L.L.C	SEB.
SUBJECT:	Name of Limit	ed Liability Company	ν
The enclosed Articles of	of Organization and fee(s) are s	submitted for filing.	
Please return all corresp	condence concerning this matt	er to the following:	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	ANDREY	NERODENKO	V
		Name of Person	
		Firm/Company	
	1514 IS	SLAND BLVD	
		Address	
		TURA, FL 33160)
	STOR	y/State and Zip Code MILLO@ME.COM	
	E-mail address: (to be used t	for future annual report notification)	
For further information	concerning this matter, please	e call:	
ANDREY N	IERODENKOV	at (081
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Comp	any is:
	LANDR L.L.C.
	ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address or	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1514 ISLAND BLVD	1514 ISLAND BLVD
AVENTURA, FL 33160	AVENTURA, FL 33160
15	Name 14 ISLAND BLVD
Florida s	street address (P.O. Box <u>NOT</u> acceptable)
AVENTURA	_{FL} 33160
	City, State, and Zip
liability company at the place designal registered agent and agree to act in this all statutes relating to the proper and a and accept the obligations of my position.	and to accept service of process for the above stated limited at this certificate, I hereby accept the appointment as a capacity. I further agree to comply with the provisions of complete performance of my duties, and I am familiar with on as registered agent as provided for in Chapter 608, F.S
/	

Page 1 of 2

<u>[Title:</u> 'MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	ANDREY NERODENKOV
MGR	SERGEJS BARANNIKOVS
Use attachment if necessary)	
LE V: Effective date, if other than fective date is listed, the date m	the date of filing: (OPTION ust be specific and cannot be more than five busin
LE V: Effective date, if other than fective date is listed, the date m	ust be specific and cannot be more than five busin
LE V: Effective date, if other than fective date is listed, the date m or 90 days after the date of filing	ust be specific and cannot be more than five busin
LE V: Effective date, if other than fective date is listed, the date m or 90 days after the date of filing. REQUIRED SIGNATURE:	ust be specific and cannot be more than five busin
LE V: Effective date, if other than fective date is listed, the date m or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men of the date of filing of the date of filing.	nust be specific and cannot be more than five busing.)
LE V: Effective date, if other than fective date is listed, the date m or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men of the date of filing of the date of filing.	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true. Formation submitted in a document to the Department of State
ffective date is listed, the date m or 90 days after the date of filing. REQUIRED SIGNATURE: Signature of a men constitutes an affirmation un I am aware that any false inf	mber or an authorized representative of a member. 608.408(3), Florida Statutes, the execution of this document deer the penalties of perjury that the facts stated herein are true. formation submitted in a document to the Department of State dony as provided for in s.817.155, F.S.)