Division of Corporations

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Division of Corporations 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.

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Division of Corporations

Fax Number : (850) 617 6383

From:

Account Name : AGENTS AND CORPORATIONS, INC

Account Number : 120010000112 : (302)575-0875 Phone Fax Number : (302)575-1642

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

FLORIDA LIMITED LIABILITY CO.

2355 Ruth Ave LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 17 2014

S. YOUNG

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

2355 Ruth Ave 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:

250 174h STREET, #311 SUNNY ISLES, FL 33160

250 1745 STREET, #311 SUNNY ISLES, FL 33160

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:

AGENTS AND CORPORATIONS, INC.

300 FIFTH AVENUE SOUTH SUITE 101-330

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

Having been named as registered agent and to uccupt 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 get 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 605, F.S.

AGENTS AND CORPORATIONS, INC.

Registred Agent's Signature (REQUIRED)
JOHN L. WILLIAMS, PRESIDENT

(CONTINUED)

Page 1 of 2

Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (h), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) AMASTASIAA VORDNINA Typed or printed name of signee \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) \$500 Certificate of Status (Optional)	Title: "AMBR" = Author "MGR" = Manager	zed Member	Name and Address:	
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