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LEATHASSEE TO SELECTIONS

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Magasi 991, LLC  Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lisette Beraja Name of Person
Magasi 991, LLC Firm/Company
1751 SiBayshore Dr.
Address
Miami Plorida 33133
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LiseHe Beraja at (786) 262-5618 cell  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)

# Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# **Street Address**

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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Comp	any is:		
(Must end with the		d'Liability Comp	any, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address o	f the principal	office of the Limi	ited Liability Company is:
Principal Offic	e Address:		Mailing Address:
Lisette N. Bero 1751 S. Barshore Miami, FL 33133	1 -		751 S. Bayshore Dr. Miam
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot another business entity with an active Fl	serve as its own	n Registered Age	
The name and the Florida street address	-	_	
LIS	sette N	Beray	9 Dr.Mkm1,FC33133
		Name	5 001000 F 2210 2
_(79	21 21 BC	ayshore	Dr. Mam, PC 33133
Flori	da street addre	ss (P.O. Box <u>NO</u>	T acceptable)
	City	State	Zip
place designated in this certificate, I hereb	y accept the ap <sub>l</sub> s of all statutes :	pointment as regi relating to the pro	the above stated limited liability company at the stered agent and agree to act in this capacity. I oper and complete performance of my duties, and I ent as provided for in Chapter 605, F.S
,	Riset	te Beroy	a
	Regis	stered Agent's Sig	gnature (REQUIRED)
		(CONTINUE	CD).

Page 1 of 2

	thorized Member	Name and Address:	
"MGR" = Man	ager	Lisette N. Beraja	MGR
A		Miami, PC 33133	
AME	<u>SK</u>	VICTOR BERCILO	<u>AMB</u>
		m1am1, FC 33133	· · · · · · · · · · · · · · · · · · ·
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ARTICLE IV-