

L17000162921

Florida Department of State
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.

(((H17000199599 3)))



H170001995993ABCH

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : ARAZOZA & FERNANDEZ-FRAGA P.A.
Account Number : 076624003440
Phone : (305)444-6226
Fax Number : (305)442-4829

****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.
5729 DUPLEX LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED

17 JUL 31 PM 2:50

FLORIDA DEPARTMENT OF STATE
BUREAU OF COMMERCIAL
INFORMATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 JUL 31 AM 9:44

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H17000199599 3

ARTICLES OF ORGANIZATION

OF

5729 DUPLEX LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is: 5729 DUPLEX LLC.

ARTICLE II
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV
ADDRESS

The principal office and the mailing address of this Limited Liability Company in the State of Florida is 5700 NW 2ND AVE, MIAMI, FL 33127. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That 5729 DUPLEX LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates ARAZOZA & FERNANDEZ-FRAGA P.A., as its Registered Agent, to accept services within the State. The registered office of the corporation shall be 2100 SALZEDO STREET, SUITE 300, CORAL GABLES, FL 33134.

SECRETARY OF
TALLAHASSEE, FL
17 JUL 31 AM
FILE

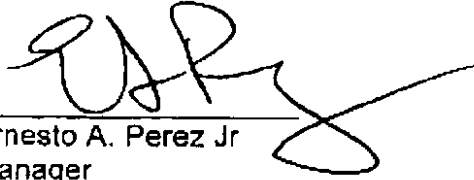
R17000199599 3

ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The Initial Manager of the Company shall be:

ERNESTO A. PEREZ Jr, of
c/o 5700 NW 2ND AVE, MIAMI, FL 33127

WITNESS the hand and seal of the Manager in Miami-Dade County, State of Florida, this 21st day of July, 2017



Ernesto A. Perez Jr
Manager

STATE OF FLORIDA)
) ss:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Ernesto A. Perez Jr, who is personally known to me or who presented his/her DL# PC20-201843620 as identification, who being by me first duly sworn, acknowledges that he signed the same for the purposes therein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida this 21st day of July, 2017



Sofia Mendez
Commission # GG025166
Expires: February 12, 2018
Bonded thru Aaron Notary

Name: Sofia Mendez
State of Florida at Large

My commission expires: Feb. 12 2018.

FILED
17 JUL 31 AM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000199599 3

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That 5729 DUPLEX LLC, desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, has named Arazoza & Fernandez-Fraga P.A. as its Agent, of 2100 Salzedo Street, Suite 300, Coral Gables, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

The Registered Agent

Arazoza & Fernandez-Fraga P.A

By: 
Adelaida Fernandez-Fraga
Director

Date: July 31, 2017

FILED
17 JUL 31 AM 9:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA