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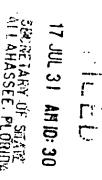
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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AUG 0 1 2017

K. Brumbley

COVER LETTER

Div	rision of Corporations
SUBJECT:	UNIT 23-B, LLC
SC BJECT.	Name of Limited Liability Company
The enclosed	d Articles of Organization and fee(s) are submitted for tiling.
Please return	all correspondence concerning this matter to the following:
	JACK SAGUE, JR.
•	Name of Person
	Firm/Company
	911 E. PONCE DE LEON BLVD., #502
-	Address
	CORAL GABLES., FL 33134
ia .ja	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
	ANGELO P. DEMOS 305 235-1688
-	Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
\$125.00 Fit	S130.00 Filing Fee & S160.00 Filing Fee. Certificate of Status (additional copy is enclosed) S160.00 Filing Fee. Certificate of Status & Certifica

Mailing Address

New Filing Section

TO:

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

ARTICLE II - Address:	ontain the words "Limited Liabili	ly Company, "L.L.C.," or "LL.C.,")	
he mailing address and stree	et address of the principal office o	f the Limited Liability Company is:	
<u>Princ</u>	cipal Office Address:	Mailing Address:	
911 PONCE DE I	LEON, #502	911 PONCE DE LEON, #502	
CORAL GABLES	S. Fl. 33134	CORAL GABLES, FL 33134	
RTICLE III - Registered /	Agent, Registered Office, & Reg	istered Agent's Signature:	
	Agent, Registered Office, & Reg any cannot serve as its own Regist	istered Agent's Signature: ered Agent. You must designate an individual or	
The Limited Liability Compa			
The Limited Liability Compa nother business entity with a	any cannot serve as its own Regist an active Florida registration.)	ered Agent. You must designate an individual or	٠ • و
The Limited Liability Compa nother business entity with a	any cannot serve as its own Regist	ered Agent. You must designate an individual or	
The Limited Liability Companiother business entity with a	any cannot serve as its own Regist an active Florida registration.)	ered Agent. You must designate an individual or	
The Limited Liability Companiother business entity with a	any cannot serve as its own Regist an active Florida registration.) cet address of the registered agent	ered Agent. You must designate an individual or are:	
The Limited Liability Compa nother business entity with a	any cannot serve as its own Regist an active Florida registration.) cet address of the registered agent JACK SAGUE, JR.	are:	ALLAHASSE ALLAHASSE ALLAHASSE
The Limited Liability Companiother business entity with a	any cannot serve as its own Regist an active Florida registration.) eet address of the registered agent JACK SAGUE, JR. Nam	are:	ALLAHASSE ALLAHASSE ALLAHASSE
The Limited Liability Companother business entity with a	any cannot serve as its own Regist an active Florida registration.) eet address of the registered agent JACK SAGUE, JR. Nam 911 PONCE DE LEON, #5 Florida street address (P.O.	are:	

(CONTINUED)

ARTICLÉ IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR	JACK SAGUE, JR. 911 PONCE DE LEON, #502 CORAL GABLES, FL 33134
AMBR	GISELA SAGUE 911 PONCE DE LEON, #502 CORAL GABLES, FL 33134
	
(Use attachment if necessary)	
If an effective date is listed, the date must be spene date of filing.) Note: If the date inserted in this block does not me to document's effective date on the Department of RTICLE VI: Other provisions, if any.	of filing:
REQUIRED SIGNATURE:	
This document is execut I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
JACK SAGUE, J	
	Typed or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)