# 122000445105

(Requestor's Name)
(Address)
(Address)
(Cit (Coat (Girm)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600390063296

13.11.22--01032--028 \*\*4125.00

SECRETARY OF SIX

### **COVER LETTER**

TO:	New Filing Secti Division of Corp								
	13984 NE	2 CT #323	, LLC						
SUBJE	CT:	Na	me of Limited Lia	bility Company		_			
The end	closed Articles of O	rganization and	l fee(s) are submit	ted for filing.					
Please	return all correspon	dence concerni	ng this matter to tl	ne following:					
	LOURDES D.	ERMER							
	<del></del>		Name	of Person					
	DERGAN ER	MER LAW, PA							
			Firm/	Company					
	7900 HARBOR ISLAND DRIVE, NO. 713A								
	Address NORTH BAY VILLAGE, FL 33141								
	LDERMER@G	MAIL.COM	City/State	and Zip Code					
	E-1	nail address: (t	o be used for futur	re annual report notificat	ion)				
For furth	er information conc	erning this mat	ter, please call:			<del></del> 1			
	Lourdes Ermer		305	213-4124		22 OCT 11 SECRETANY ALL AHASSE			
				)			$\frac{1}{2}$		
	Name	of Person	Area Code	Daytime Telephor	ie Number				
Enclose	ed is a check for the	following amo	unt:			<b>1</b>			
<b>≡</b> \$125	.00 Filing Fee	□\$130.00 Fili Certificate of \$	Status Cer	155.00 Filing Fee & tified Copy onal copy is enclosed)	Certifica Certified	10 Filing Few te of Status &	,		

# Mailing Address

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

# Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
13984 NE 2 CT #32				
(Must con	tain the words "Limited Liab	oility Company, "L	L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	address of the principal office	e of the Limited Li	iability Company is:	
Principal Office Address:			Mailing Address:	
3535 South Ocean I	Orive, Suite 2305	3535 S	3535 South Ocean Drive, Suite 2305	
3333 South Ocean t	5111-01 Carto 2000			
Hollywood, FL 3301  ARTICLE III - Registered Ag	9 ent, Registered Office, & F	Hollywood Hollyw	s Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan mother business entity with an	gent, Registered Office, & F y cannot serve as its own Reg active Florida registration.)	Hollywood Agent's gistered Agent. Yo		
ARTICLE III - Registered Ag The Limited Liability Compan mother business entity with an	gent, Registered Office, & F y cannot serve as its own Reg active Florida registration.)	Hollywood Agent's gistered Agent. Yo	s Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan mother business entity with an	gent, Registered Office, & For y cannot serve as its own Registration.) address of the registered age	Hollywood Agent's gistered Agent. Yo	s Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	gent, Registered Office, & For y cannot serve as its own Registration.) address of the registered age	Registered Agent's gistered Agent. You are:	s Signature:	
ARTICLE III - Registered Ag The Limited Liability Compan another business entity with an	gent, Registered Office, & F y cannot serve as its own Reg active Florida registration.) address of the registered age ERIC R. GUILLEN	Registered Agent's gistered Agent. Your are:	s Signature: ou must designate an individual or	
Hollywood, FL 3301  ARTICLE III - Registered Ag	gent, Registered Office, & F y cannot serve as its own Reg active Florida registration.) address of the registered age ERIC R. GUILLEN No.	Registered Agent's gistered Agent. Your are:	s Signature: ou must designate an individual or	

Having been named as registered agent and to accept 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 act 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SEURITARY OF TAKE

### ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:				
"MGR" = Manager					
MGR	ERIC R. GUILLEN				
	3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019				
AMBR	SVIMA E CHRILEN				
AMDR	3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019				
(Use attachment if necessary)					
(If an effective date is listed, the date must be s the date of filing.)	the of filing:				
ARTICLE VI: Other provisions, if any.					
REOUIRED SIGNATURE:	22 C SEC FALL				
Signatur	nember or an authorized representative of a member.				
This document is exec	ented in accordance with section 605.0203 (1) (b), Florida Statutes				
I am aware that any fa	lse information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.				
Enc R. Guillen					
Z.o.i. Owner	Typed or printed name of signee $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$				

## 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)