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.

(((H220003616073)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

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

| Address: | | | | | | |
|----------|----------|----------|----------|----------|----------|----------|
| | | | | | | |
| | Address: | Address: | Address: | Address: | Address: | Address: |

FLORIDA LIMITED LIABILITY CO. 1121 CRANDON BLVD E 406 LLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

1121 CRandon BLVd E 406 LLC

(Must contain 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: | Malling Address: |
|---------------------------|------------------|
| 1121 C Randon BLVO EL | 706 |
| Vau Biscoune PL | Excure. |
| 33140 | |
| | |

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:

Alexandra Dedondoceinos

Name

1121 Crandon BLVd 5406

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

Lufy Biscaync PL 33149

City State Zip

Having been named as registered agent and to accept service of process for the above stuted limited liability company at the place designated in this certificate, I hereby accept the appointment of the process for the agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes the proper and compute performance of my duties, and I am familiar with and accept the obligations of process for the gistered agent as provided in Supplement 18 (1). S.

Registered Agental Signalin (REDURED)

(GATINUED)

2 OCT 21 PH 12: 3:

| Title: "AMBR" ~ Authorized Member | Name and Address; |
|--|--|
| "MGR" = Manager | |
| HUBD | Vaven Marie Pedand O Cerros |
| MGB | Monica Redondo Ceinos 1121 coandon BIVD E 406 |
| • | KLY BISCAYNE, FL 30149 |
| AMBR | Alexandra Redondo Ceino 1121 ceanon oud E406 |
| A | Key BISCAYNE, FL 33149 |
| AMBR. | Ternando Redondo Hernand |
| | 1121 Crandon Blvd E 406 |
| | Key Biscayne, FL 33149. |
| | |
| effective date is listed, the date must b te of filing.) | e specific and cannot be more than five business days prior to or 90 days after |
| CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does recument's effective date on the Department. | se specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as |
| CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does recument's effective date on the Department. | se specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as |
| CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does recument's effective date on the Department. | specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as |
| CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does recurrent's effective date on the Department's CLE VI: Other provisions, if any. | specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as |
| CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does recurrent's effective date on the Department's CLE VI: Other provisions, if any. | se specific and cannot be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as |
| CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does not current's effective date on the Department of the CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records. |
| CLE V: Effective date, if other than the effective date is listed, the date must be the of filing.) If the date inserted in this block does not meant's effective date on the Department's effective date on the Department's effective date. REQUIRED SIGNATURE: | not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records. |
| CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does not meant's effective date on the Department's effective date on the Department's effective date. REQUIRED SIGNATURE: | not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records. a number or an author of representative of a member. — account accords as with session 605,0203 (1) (b), Florida Statutes. No false inform the huntred in document to the Department of State. |
| CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does not current's effective date on the Department of the County of the Coun | not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records. a number or an author of representative of a member. — account accords as with session 605,0203 (1) (b), Florida Statutes. No false inform the huntred in document to the Department of State. |
| CLE V: Effective date, if other than the effective date is listed, the date must be to of filing.) If the date inserted in this block does not current's effective date on the Department of the County of the Coun | a timber or an author representative of a member. According to with section 605.0203 (1) (b), Florida Statutes. Typed or printed name of signee |
| CLE V: Effective date, if other than the effective date is listed, the date must be size of filing.) If the date inserted in this block does not be current's effective date on the Department's effective date on the Department | a number or an author representative of a member. accuted according to himited in) document to the Department of State. State in himited in) document to the Department of State. State in Figure 2. State in Sta |