

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.

(((H230000654173)))



H230000654173ABC

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.

Email Address:___

FLORIDA LIMITED LIABILITY CO. 3601 HOLDINGS LLC

Certificate of Status Certified Copy 03 Page Count \$155.00 Estimated Charge

3

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

3601 HOLDINGS LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Malling Address:
642 VALENCIA AVE	SAME AS PRINCIPAL
UNIT 305	
CORAL GABLES FL 33134	
RTICLE III - Registered Agent, Registered Office, & R	egistered Agent's Signature:
	istered Agent. You must designate an individual

TRANSACTION ADVISORS & CONSULTANTS LLC
Name

8754 SUNSET DRIVE # 445

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

MIAMI FL 33134

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 phligations of my position as registered agent as provided for in Chapter 605, F.S.

/s/ Winnesl Wi. Arvesu Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRETARY OF STATE

2.5

Title: "AMBR" = Authorized Membel "MGR" = Manager	Name and Address: 1
MGR	SELENE ARVESU 642 VALENCIA AVE UNIT 305 CORAL GABES FL 33 134
Arraba	
(Use attachment if necessary)	
LE V: Effective date, if other that feetive date is listed, the date in	the date of filing: (OPTIONAL) ast be specific and cannot be more than five business days prior to or 90 o
LE V: Effective date, if other that feetive date is listed, the date im of filing.)	ist be specific and connot be more than five business days prior to or 90 oces not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other that feetive date is listed, the date im of filing.) If the date inserted in this block d	ist be specific and connot be more than five business days prior to or 90 oces not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other that feetive date is listed, the date im of filing.) If the date inserted in this block durnent's effective date on the Dept. E VI: Other provisions, if any.	ist be specific and connot be more than five business days prior to or 90 oces not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than feetive date is listed, the date im of filing.) If the date inserted in this block dument's effective date on the Depl.E VI: Other provisions, if any. REQUIRED SIGNATURE:	ist be specific and cumor be more than five business days prior to or 90 cos not meet the applicable statutory filing requirements, this date will not artiment of State's records
LE V: Effective date, if other than feetive date is listed, the date im of filing.) If the date inserted in this block dument's effective date on the Dept. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature This document Lam aware that	ist be specific and connot be more than five business days prior to or 90 oces not meet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than feetive date is listed, the date im of filing.) If the date inserted in this block durnent's effective date on the Department's effective date on the Department. REQUIRED SIGNATURE: Signature This document I am aware that constitutes a thi	oes not meet the applicable statutory filing requirements, this date will not artiment of State's records Of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b), Florida Statutes, any false information submitted in a document to the Department of State