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	(R	equestor	s Name)	
<u></u>	(A	ddress)		
	(A	ddress)		
	(C	ity/State/	Zip/Phone :	(
	PICK-UP		VAIT	MAIL
	(B	usiness E	ntity Name	a)
	(D	ocument	Number)	
Certified Co	pies	_	ertificates o	of Status
Special Ins	structions to	Filing Of	ficer:	
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TRANSMITTAL LETTER

	Registration So Division of Co			
SUBJEC	CT: 700 Lake	Road, LLC		
		(Name of Limite	d Liability Company)	
The encl	osed Articles o	f Organization and fee(s) are s	ubmitted for filing.	
Please re	eturn all corresp	oondence concerning this matte	er to the following:	
	ESTHE	R PERCAL		
		0	Name of Person)	
FOTU	ED DEDOAL			
<u> </u>	ER PERCAL	(Firm/Company)	
	6330 Pinetr	ree Drive		
			(Address)	
	Miar	ni Beach, FL 33141		
		(City.	/State and Zip Code)	
For furth	ner information	concerning this matter, please	call:	
Esther l			at (305) 674.4022	
	(Name	e of Person)	(Area Code & Daytime Te	lephone Number)
Enclose	ed is a check fo	or the following amount:		
□ \$125. 0	00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regis Divis 409 E	tration Section ion of Corporations Gaines Street hassee, Florida 32399	MAILING Al Registration So Division of Co P.O. Box 6327 Tallahassee, F	rporations

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
700 Lake Road, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6330 Pinetree Drive, Miami Beach, FL 33141	6330 Pinetree Drive, Miami Beach, FL 33141
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re-	egistered agent are:
ESTHER PERCAL	
Name	
6330 Pinetree Drive	
	ress (P.O. Box <u>NOT</u> acceptable)
Miami Beach FL 33141 City, State, a	FL nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete-see.	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR, MGRM	Esther Percal 6330 Pinetree Drive Miami Beach, FL 33141
(Use attachment if necessary)	no added if an effective date is requested
REQUIRED SIGNATURE:	or an authorized representative of a member.
(In accordance with sect	tion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury
ESTHER PERCAL Typ	ned or printed name of signee
Filing Fees: \$125.00 Filing Fee for Articles of Organ of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	