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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

CR2E031(7/97)

MIAMI, FL 33165 (305) 552-5973

Examiner's Initials

		N. O. SE
•	Office Use Only	1000 % 14 1
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):	75.6
1. 707 WEST PALM (Corporation Name)	BEACH LLC (Document #)	- CONTRACTOR
2		
(Corporation Name)	(Document #)	
3.	,	
(Corporation Name)	(Document #)	
4	••	
(Corporation Name)	(Document #)	Anna de la Carta de C
Walk in Pick up time _	2.00 Certified Copy	•
☐ Mail out ☐ Will wait	Photocopy Certificate of S	Status
NEW FILINGS	AMENDMENTS	
☐ Profit	☐ Amendment	
Not for Profit	Resignation of R.A., Officer/Director	
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal	,
Other	Merger Mildrawar	
OTHER FILINGS	BECKERD ATTOMICSTAY TRICATIONS	
	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership	
Trombus Hame	Reinstatement	÷
•	Trademark	
·	Other	
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: 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: DINIW 102nd H Florida street address (P.O. Box NOT acceptable) City, State, and Zip 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

(CONTINUED) Page 1 of 2

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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

MGP	ORIAND PADRON. 2201 N.W. 102nd P. #3 MIAHI FI 33172.
- Number Region	
. 7	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the date effective date is listed, the date must be specified after the date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days pri

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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)