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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 FEB 26 AM 8:26

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

12370 s.w. 187 terrace, llc

Certificate of Status	0
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Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

LOT-21454
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

12370 S.W. 187 Terrace, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

11890 SW 45 Street, Miami, FL
33175

Mailing Address:

11890 SW 45 Street, Miami, FL
33175

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Steve Freeman

Name

11890 SW 45 Street

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

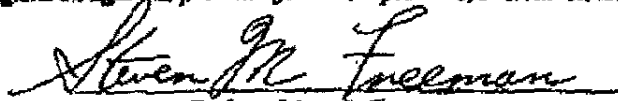
Miami

FLORIDA

33175

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


Registered Agent's Signature

Page 1 of 2
(CONTINUED)

H070000051375

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ARTICLE IV- Manager(s) or Managing Member(s):

The names and address of each Manager or Managing Member is as follows:

Title:
 "MGR" = Manager
 "MGRM" = Managing Member

Name and Address:

MGR Steve Freeman
11890 SW 45 Street, Miami, FL 33175

(Use attachment if necessary)

2017 FEB 26 AM 8:26
 SECRETARY OF STATE
 TALLAHASSEE, FL 32300

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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Steve M Freeman
 Signature of a member or an authorized representative of a member.

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

Steve Freeman

 Typed or printed name of signer

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