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Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255
Phone: (305)634-3694
Fax Number: (305)633-9696

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SECRETAL OF STATE

ELORIDA/FOREIGN LIMITED LIABILITY CO.

11740 sw 12 street, llc

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PAGE 01/03

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ARTYCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

11740 SW 12 STREET, LLC	
NRTICLE II - Address: The mailing address and street address of the	ne principal office of the Limited Liability Company is:
rincipal Office Address:	Malling Address;
12911 SW 117 Street Mismi, FL 33186	12911 SW 117 Street Miami, FL 33186
	9 2
ARTICLE III - Registered Agent, Registe The name and the Florida street address of t	tored Office, & Registered Agent's Signature: the registered agent are: AND LEE
LINDA PERLA EISENM	IAN LEE
N	Name 3
12911 SW 117 Stree	es (P.O. Box <u>NOT acceptable)</u>
INTE DA STI DATES	
Plorida strest address	is (P.U. Box NUT acceptance)
	FLORIDA 33186

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 approvided for in Chapter 608, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

	,	
Title:	Name and Address:	•
"MGR" ≈ Manager		
"MGRM" = Managing Member		
		•
MGR	LINDA PERLA EISENMAN LEE	
	12911 SW 117 Street	
	Miami, FL 33186	
•		
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		SECRETARY SECRETARY SECRETARY OB JAN 23
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(Use attachment if necessary)		Z 057
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,		3 SS
NOTE: An additional article mu	et be added if an effective date is requested.	9 25 P
<u>~</u>	· ·	RATIONS 8: 34
REQUIRED SIGNATURE:	•	¥ 35
The state of the s		
Selfandine of a monitor, of	an authorized representative of a member.	
(In accordance with section	n 608,408(3), Florida Statutes, the secontion	
of this document constitute	s an affirmation under the populates of perjury	,
that the facts stated herein	•	•
LINDA PERLA EISE	•	
Typed	or printed name of signee	

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