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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
, (Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Effective Date 9-9-13

09/16/13--01023--010 **130.00

2013 SEP 13 AN 8: 42

J. SAUL.SBERRY EXAMINER SEP 17 2013

COVER LETTER

Division of Co			
SUBJECT: Four	teen Five Five	e, LLC	
SUBSECT.		ed Liability Company	ALLEGA BLOOMS OF THE STREET
The enclosed Articles o	f Organization and fee(s) are s	submitted for filing.	
Please return all corresp	oondence concerning this matte	er to the following:	
Al Hern	andez		
		Name of Person	
		Firm/Company	
14-484	9		
4		Address	
Coral G	Bables, Fl 331	14-4849	···,
	Cit	y/State and Zip Code	
	E-mail address: (to be used f	for future annual report notification)	
For further information concerning this matter, please call:		call:	• .
Name	of Person	at ()Area Code & Daytime Telephone Number	<u> </u>
Enclosed is a check f	or the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status .
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMF

Fourteen Five Five, LLC			
(Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
he mailing address and street address of th	e principal office of the Limited Liab	oility Con	np
Principal Office Address:	Mailing Address:		
6916 N. Milam Dairy Road	14-4849		
Miami, Fl	Coral Gables, Fl 33114-4849		
ARTICLE III - Registered Agent, Register the Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the Management of the Management of the Management of the Limited Registration of the L	Registered Agent. You must designate an individu		2013 SEP 13
6916 N. Milam Dairy Road		:	
	et address (P.O. Box NOT acceptable)	Je.	8: 42
Miami,	FL.	Pra-	\sim
Cit	y, State, and Zip		
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this call statutes relating to the proper and command accept the obligations of my position of Registered Agent's S	l in this certificate, I hereby accept the apacity. I further agree to comply with aplete performance of my duties, and I	e appointn h the prov I am famil	ne ris 'ia

(CONTINUED)

Page 1 of 2

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

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

	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Membe	r		
MGR	Irene Hernandez		
	6916 N. Milam Dairy Road		
	Miami, Fl		
MGR	Al Hernandez		
	6916 N. Milam Dairy Road		
	Miami, FI		
			
(Use attachment if necessary)			
(Use attachment if necessary)	han the date of filing: September 9, 2013	DPTION	J
CLE V: Effective date, if other t		OPTION	
LE V: Effective date, if other the factive date is listed, the date	e must be specific and cannot be more than fiv		
LE V: Effective date, if other t	e must be specific and cannot be more than fiv		
LE V: Effective date, if other to fective date is listed, the date or 90 days after the date of fi	e must be specific and cannot be more than fiv		
LE V: Effective date, if other to fective date is listed, the date or 90 days after the date of fi	e must be specific and cannot be more than fiv		
LE V: Effective date, if other to the date is listed, the date is listed, the date is listed.	e must be specific and cannot be more than fiv		
LE V: Effective date, if other to a series of fective date is listed, the date or 90 days after the date of fi	e must be specific and cannot be more than fiv		

Filing Fees:

Al Hernandez

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee