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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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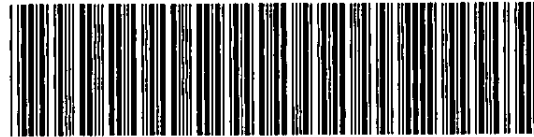
(Business Entity Name)

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RECEIVED  
14 JUN 10 14 08:19  
14 JUN 10 AM 11:37  
SECTION 2, STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATE AFFAIRS

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**      RICKY SOTO

**DATE:**            06/10/2014

**REF. #:**           9171942

**CORP. NAME:**   829 N. MILWAUKEE AVENUE, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70021576 FOR \$ 125.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
829 N. MILWAUKEE AVENUE, LLC**

**ARTICLE I - NAME**

The name of Company shall be:  
**829 N. MILWAUKEE AVENUE, LLC**

**ARTICLE II- PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS**

The initial principal office and mailing address of the Company shall be:

312 Minorca Avenue  
Coral Gables, FL 33134

**ARTICLE III - INITIAL REGISTERED AGENT AND INITIAL REGISTERED  
OFFICE**

The Company's initial registered agent and registered office in the State of  
Florida shall be:

Grace Escalona, Esq.  
312 Minorca Avenue  
Coral Gables, FL 33134

**ARTICLE IV - EXECUTION OF ARTICLES OF ORGANIZATION**

The name and post office address of the person duly authorized to execute these Articles  
of Organization is as follows:

Grace Escalona, Esq.  
312 Minorca Avenue  
Coral Gables, FL 33134

**ARTICLE V - PURPOSE**

The purpose of the Company is the transaction of any or all lawful business for which a  
limited liability company may be organized under Florida law.

**ARTICLE VI - EFFECTIVE DATE**

The effective date of these Articles of Organization shall be June 9, 2014.

14 JUN 10 PM 8:19  
SECRET  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a Florida limited liability company, does make and file these Articles of Organization, hereby declaring and certifying that he is the authorized representative of the Company and certifying that the facts stated above are true.

A handwritten signature in black ink, appearing to read 'Grace Escalona', is written over a horizontal line.

Grace Escalona, Esq.

**ACCEPTANCE BY REGISTERED AGENT**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE FORGOING LIMITED LIABILITY CORPORATION, AT THE PLACE DESIGNATED IN THESE ARTICLES OF ORGANIZATION THE UNDERSIGNED HEREBY AGREES TO ACT IN THIS CAPACITY AND FURTHER AGREES TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE DISCHARGE OF HER DUTIES.

DATED THIS 9th DAY OF JUNE, 2014.



Grace Escalona, Esq.

FILED  
14 JUN 10 AM 8:19  
STEPHEN D. YALE  
TALLAHASSEE, FLORIDA