

L17000046554

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000059189 3)))



H170000591893ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
186 CHELSEA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAR 03 2017

T. SCOTT

RECEIVED

17 MAR -2 PM 4:00

BUREAU OF CORPORATE
INFORMATION SERVICES

RECEIVED

17 MAR -2 AM 8:28

RECEIVED

H17000059189

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME: The name of the Limited Liability Company is:
186 CHELSEA LLC

ARTICLE II PRINCIPAL OFFICE: The principal street address and mailing address is:
18291 SW 206 ST
MIAMI, FL 33187

ARTICLE III INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (P.O. Box not acceptable) of the registered agent is:

JULIA BALES
18291 SW 206 ST
MIAMI, FL 33187

Having been named a 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 obligation of my position as registered agent as provided for in Chapter 605, F.S.



Registered Agent's Signature

ARTICLE IV MANAGER(S) OR MANAGING MEMBER(S): The name and address of each Manager or Managing member is as follows:

JEFF LAZZERI (AMBR)
JULIE ANGELINE LAZZERI (AMBR)

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)



Signature of a member or an authorized representative of a member

JEFF LAZZERI

Typed or printed name of signer

H17000059189

17 MAR - 2 AM 8:28
STATE
FLORIDA