Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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.

(((H02000032342 6)))

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)205-0383

From:

Account Name : ZPK LAW Account Number: I20010000181

Phone : (954)989-6333 Fax Number : (954)989-7781

LIMITED LIABILITY COMPANY

ARM-Gus Machado, LC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

H020000323426

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
ARM-Gus Machado, LC		
ARTICLE II: - Address The mailing address and street address of the principle office of the Limited LiabilityCompar	_	
1200 West 49 Street Hialeah, FL 33012	ָר נ	
ARTICLE III: - Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the registered agent are:	02 FE8	TALL AHASSEE, FLORIDA
Name:Todd S. Payne, Esq	_ CO _ [<u>ار</u> کا
Address:4000 Hollywood Blvd., Suite 400-North	-7	
City, State, Zip:Hollywood, FL 33021	-	~
Having been named registered agent and to accept service of process for the above stated limited liability contact the place designated in this certificate, I hereby accept the appointment as registered agent and agree to accepacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performing of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided Chapter 608, F.S.	mance d for in	
Registered Agent's Signature		
ARTICLE IV - Management (Check box if applicable) The Limited Liability Company is to be managed by one manager or more managers a therefore, a manager-managed company.	ınd is,	
(An additional article must be added if an effective date is requested) And And Signature of a member of an authorized representative of a member		
In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmunder the penalties of perjury that the facts stated herein are true.	rmation	
typed or printed name of signee		
Taben or beautien marrie on plants		

FILING FEES:
\$109.00 FILING FEE FOR Articles of Organization
\$25.00 Designation of Registered Agent\
\$30.00 Certified Copy (optional)
\$5.00 Certificate of Status (optional)