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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696

**LIMITED LIABILITY COMPANY**

**aljen 36, llc**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

SECRETARY OF STATE  
FALLAHUSSEIN H. GRIFFIN

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AND  
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DIVISION OF CORPORATIONS

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*[Handwritten signature]*

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## ARTICLES OF ORGANIZATION

FOR

ALJEN 36, LLC

### ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

ALJEN 36, LLC

### ARTICLE II. - ADDRESS

The mailing address and street address of the principal office of the Company is:  
3822 West 12th Avenue, Hialeah, Florida 33012.

### ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

### ARTICLE IV. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

Maurice Cayon  
3822 West 12<sup>th</sup> Avenue  
Hialeah, Florida 33012

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### ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

### ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall

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be: determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.



**Signature of a member or an authorized representative of a member**

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: ALJEN 36, LLC
2. The name and the Florida street address of the registered agent are:

MAURICE CAYON

NAME

3822 West 12<sup>th</sup> Avenue

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33012

CITY, STATE AND ZIP

*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.*

  
SIGNATURE

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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