# ionse 1. dos. state. fl. us/scripts/eticovr.ex.

# Florida Department of State

Division of Corporations Public Access System

### **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.

(((H030002187372)))

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 : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255
Phone : (305)634-3694

Fax Number : (305)633-9696

## LIMITED LIABILITY COMPANY

the eighteen hundred group, Ilc.

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

O3 JUN 23 AM 10: 4-9
UIV 50N OF CORPORATION

63-22702

3 JUN 23 IFT

MA 70:01 10:07 AM 10:07 AM 10:07 AM 10:07 AM



# H 03000218737

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: The Eighteen Hundred Group, LLC.

### ARTICLE II - Address:

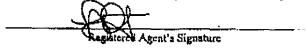
The mailing address and street address of the principal office of the Limited Liability Company is: 2701 S.W. 3 Avenue, Miami, FL 33129

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

| Franc       | risco      |         | Ort:     | ega, E   | sq.     |
|-------------|------------|---------|----------|----------|---------|
|             |            |         |          | Suite    |         |
| Florida sti | reet addre | 55 (P.  | O. Box   | NOT acce | otable) |
|             |            |         |          | FL 3314  | 13      |
|             | City       | , State | z, and Z | ip.      |         |
|             |            |         |          |          |         |

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 as provided for in Chapter 508, F.S.



Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

(In accordance with section 608.408(3), Florida Statutes, the execution

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

Carlos A. Ortega
Typed or printed name of signee

Fiffag Fees:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

H 03000218737