

Division of Corporations Public Access System

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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

atlantis community development, llc

Certificate of Status	0	
Certified Copy	1	
Page Count	03	
Estimated Charge	\$155.00	

Electronic Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

c	
e principal office of the Limited Liability Co	ompany is:
Mailing Address:	
6032 NW 7th Avenua	<u> </u>
Miami, Florida 33127	
ared Office & Desintared America Complex	
ered Office, & Registered Agent's Signatu he registered agent are:	re:
ered Office, & Registered Agent's Signatu he registered agent are:	re:
ered Office, & Registered Agent's Signatur he registered agent are:	•
he registered agent are:	TALS S
nand	TALS S
nend	•
	e principal office of the Limited Liability C Mailing Address: 6032 NW 7th Avenua

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 608, Florida Statutes..

gistured Agent's Signature

City, State, and Zip

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(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Inte: "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
Manager	Fritz Armand	
	1805 NW 175th Street	· ·
	Miami, Florida 33055	
Managing Member	Arlovitus Lundy	•
	20430 NW 45th Avenue	
	Miami, Florida 33055	
		•
		· · · · · · · · · · · · · · · · · · ·
-		
(Use attachment if necessary)		
NOTE: An additional article mus	it be added if an effective date is requested.	O4 M SEC TALL
REQUIRED SIGNATURE: Signature of a member of	an authorized representative of a member.	04 MAR 10 AM SECRETARY DI TALLAHASSEE.
(In accordance with section	508.408(3), Florida Statutes, the execution san affirmation under the penalties of perjury	8: 59 SIAIL FLORIDA
	Fritz Armand	*
Typed	or printed name of signee	

Filian Fres:

\$100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)