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(Re	equestor's Name)			
(Ad	ldress)			
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(City/State/Zip/Phone #)				
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EXPRESS CORPORATE FILING SERVICE INC. Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33\overline{134} (305) 444-4994 City/State/Zip Phone # OLARA-5 PH 1:33

Examiner's Initials

OFFICE USE ONLY

CORPORATION NAME(S) & DOCU	MENT NUMBER(S) (if known):	
1. 105 NE 1107# Str	et L.L.C.	
(Corporation Name)	(Document #1	
2. (Corporation Name)	(Document #)	
3		
(Corporation Name)	(Document #)	
4. (Corporation Name)	(Document #)	
Walk in Dick up time	Certified Copy	
Mail out Will wait	Photocopy	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/ Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/	
Annual Report	QUALIFICATION	
Fictitious Name	-oreign Limited Partnership	
Name Reservation	Reinstatement	
	Frademark	

Other

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLES	SOFORGANIZATION FOR
FLORIDA LIMIT	SOF ORGANIZATION FOR IED LIABILITY COMPANY uny is:
ARTICLE I - Name:	
The name of the Limited Liability Compa	iny is:
	105 NE 167th Street L.L.C.
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18425 SW 284 Street	18425 SW 284 Street
Miami, Florida 33030	Miami, Florida 33030
	stered Office, & Registered Agent's Signature:
	i the registered agent are:
The name and the Florida street address of Obdo	ulia Lemus
The name and the Florida street address of Obdo	
The name and the Florida street address of Obder	ulia Lemus Name 2 SW 137th Court
The name and the Florida street address of Obder	ulia Lemus Name
The name and the Florida street address of Obder	ulia Lemus Name 2 SW 137th Court

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..

company at the place designated in this certificate, I hereby accept the appointment as registered agent and

Having

Page 1 of 2 (CONTINUED)

. · ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

S		
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
Managing Member	Mario Sanchez	
	18425 SW 284 Street	
	Miami, Florida 33030	
Manager	Obdulia Lemus	, , ≥.
	17502 SW 137th Court	
	Miami, Florida 33177	
es dé como es de como		<u></u>
(Use attachment if necessary)		1
NOTE: An additional article must be a	added if an effective date is requested.	
Signature of a member or an au	thorized representative of a member.	
•	08/3\ Florida Statutes the execution	

Filing Fees:

\$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)

of this document constitutes an affirmation under the penalties of perjury

Mario Sanchez JR.
Typed or printed name of signee

that the facts stated herein are true.)