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(R	equestor's Name)	
	-	
(A	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)
PICK-UP	☐ WAIT	MAIL
	usiness Entity Name)	
(DC	Jamess Emily Marrie	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		11/12/
		41171
	Office Use Only	MM



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04 APR -5 PH 1:23

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations
SUBJECT:
(tvarie of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
(Name of Person)
(Name of Person)
MAYNARO RICH COS.
(Firm/Company)
7850 NW 146 ST #308 = 3
(Address)
Mismi Lakes FL 33016
(City/State and Zip Code)
•
For further information concerning this matter, please call:
KICHARD Schwarz at (305) 556.7162
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OH APR-5 PH 1:23

FLORIDA LIMITED LIABILITY COMPANY	T -	مية حودجي حود	فلاً بيد تتفسرو
ARTICLE I - Name:	Lowin.	1:23	AN
The name of the Limited Liability Company is:	5	w	
QUAIL 107 LLC	ج <u>ن</u> 		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liab	ility Co	mpan	y is:

Principal Office Address:	Mailing Address:
7850 NW 146 ST	7850 NW 146 ST
SUITE 308	Su, le sot
Mismi Lakes FL	Mismi Lopes Al
33016	33016

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name

7850 NW 146 ST +# 308

Florida street address (P.O. Box NOT acceptable)

M, Am, Likes FLORIDA 33016

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 as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Manag	ring Member(s):
The name and address of each Manager	or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGPM	RICHARD Schwarts &
	7850 NW 146 ST #308 MAMILLAKE 78 33014
MERM	Carl K Marauda
	7850 NW 146 ST # 30F
	Missis Lakes H 77016
(Use attachment if necessary)	
•	
NOTE: An additional article must be	e added if an effective date is requested.
REQUIRED SIGNATURE:	_
REQUIRED SIGNATURE.	
•	authorized representative of a member.
of this document constitutes an	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury
that the facts stated herein are t	•
1 LICHARD SO	CHWTHTL

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)