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(Requestor's Name)
(Address)
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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Requestor's Name

Address

City State 21P Phone

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CORPORATION(S) NAME

W.P. Verifier

	No.	1213	Mid To	wn, LCC
) Profit) NonProfit	() Amendment		() Merger
) Foreign	() Dissolution		() Mark
) Limited Partnership) Reinstatement	() Annual Report) Reservation		Other LC Change of Registered Agent
) Certified Copy	() Photo Copies		() Certificate Under Seal
Call When Ready Walk In	() Will Wait) Call If Problem	ick Up	() After 4:30 () Mail Out
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cknowledgment				

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the principal	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
20533 Biscayne Boulevard, #223	20533 Biscaupe Boulevar
Aventura, FL 33180	Avontura FL 33180

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

ARTICLE I - Name:

Aventum FLORIDA 33180

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...

Page I of 2 (CONTINUED)

"MGR" = Manager "MGRM" = Managing Mo	Name and Address:
<u>MGRM</u>	Adi EZOUlai 20533 Biscanne Boulevard, # Aventura, FL 33180
(Use attachment if necessa	гу)
NOTE: An additional ar	ticle must he added if an effective date is requested.
REQUIRED SIGNATUR	·