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OFFICE USE ONLY (DOCUMENT #) LAZARUS CORPORATE FILING SERVICE ALCONO. PARO. 3320 S.W. 87 AVENUE MIAMI, FLORIDA (305)552-5973 OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Document #) (Document #) Rick up time | Walk in Certified Copy. Mail out Will wait Photocopy Certificate of Status AMENDMENTS NEW FILINGS Amendment Profit Resignation of R.A., Officer/Director NonProfit Limited Liability Change of Registered Agent **Domestication** Dissolution/Withdrawal Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement

Other

Trademark

Examiner's Initials

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

	ORGANIZATION See See See See See See See See See Se
	ORGANIZATION FOR LIABILITY COMPANY
ARTICLE I - Name:	To the second se
The name of the Limited Liability Company is:	40 V
ARAL LANDING LLC	
ARTICLE II - Address:	7
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10275 COLLINS AVE.	10275 COLLINS AVE.
SUITE 1133	SUITE 1133
BAL HARBOR , FLORIDA 33154	BAL HARBOR, FLORIDA 33154
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r	l Office, & Registered Agent's Signature: registered agent are:
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r	l Office, & Registered Agent's Signature: registered agent are:
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r ARTURO ALV Name 10275 COLLINS AV	I Office, & Registered Agent's Signature: registered agent are: /AREZ VENUE, SUITE 1133
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r ARTURO ALV Name	I Office, & Registered Agent's Signature: registered agent are: /AREZ VENUE, SUITE 1133
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r ARTURO ALV Name 10275 COLLINS AV Florida street address (P.C.)	I Office, & Registered Agent's Signature: registered agent are: VAREZ VENUE, SUITE 1133 D. Box NOT acceptable) OR, FLORIDA 33154

Page 1 of 2 (CONTINUED)

ALLE SALL TO S

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

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

Title:		Name and Address:	
"MGR" = Manage "MGRM" = Mana			
MGR		ARTURO ALVAREZ	
,	- , , ,	10275 COLLINS AVE, SUITE 1133	
•	•	BAL HARBOR, FLORIDA 33154	
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(Use attachment i	f necessary)		
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NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(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.)

ARTURO A ALVAREZ
Typed or printed name of signee

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)