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04 OCT 15 AM 11:00  
DIVISION OF CORPORATE  
REGISTRATION

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami Lakes Realty, LLC  
(Name 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:

John D. Garrison

(Name of Person)

Miami Lakes Realty, LLC

(Firm/Company)

6371 Lake Champlain Terr.

(Address)

Miami Lakes, Fl 33014

(City/State and Zip Code)

For further information concerning this matter, please call:

John D. Garrison

(Name of Person)

at (

305

582-4167

(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

04 OCT 15 AM 11:00  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Miami Lakes Realty, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

6447 Miami Lakes Drive

Suite 210 B

Miami Lakes, Fl 33014

**Mailing Address:**

P.O. Box 4613 Miami Lakes, Fl 33014

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

John D. Garrison

Name

6371 Lake Champlain Terr.

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

Miami Lakes, FLORIDA 33014

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

04 OCT 2011 11:00  
DIVISION OF CORPORATIONS  
SECRETARY OF STATE

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

John D. Garrison

6371 Lake Champlain Terr.

Miami Lakes, Fl 33014

MGRM

Angela R. Garrison

6371 Lake Champlain Terr.

Miami Lakes, Fl 33014

(Use attachment if necessary)

**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.)

John D. Garrison

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)**

04 OCT 15 AM 11:00

SECRETARY OF STATE  
DIVISION OF CORPORATIONS