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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
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| ☐ PICK-UP ☐ WAIT ☐ MAIL | |
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| (Business Entity Name) | |
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| (Document Number) | |
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| Certified Copies Certificates of Status | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | | |
|---|---|--|--|
| SUBJECT: 7th LLC (Name of Limited Liability Company) | | | |
| The enclosed Articles of Organization and fee(s) are | submitted for filing. | | |
| Please return all correspondence concerning this mat | ter to the following: | | |
| Olga Lugo | | | |
| | (Name of Person) | | |
| | (Firm/Company) | | |
| | (Time Company) | | |
| 550 Hunting Lodge Drive | | | |
| | (Address) | | |
| Miami Springs, FL 33166 | | | |
| (Cit | y/State and Zip Code) | | |
| For further information concerning this matter, please | e call: | | |
| Olga Lugo (Name of Person) | at (786) 488-1388 (Area Code & Daytime Telephone Number) | | |
| (Name of Ferson) | | | |
| Enclosed is a check for the following amount: | A S 155.00 Filing Fee & □ \$160.00 Filing Fee | | |
| ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status | Certified Copy (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed) (additional copy is enclosed) | | |
| 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

| ARTICLE I - Name: The name of the Limited Liability Comp | oany is: | |
|---|---|--|
| 7th LLC | | _ <u>.</u> |
| ARTICLE II - Address: The mailing address and street address o | of the principal office of the Limited L | Liability Company is: |
| Principal Office Address: | Mailing Address: | |
| 550 Hunting Lodge Drive | 550 Hunting Lodge Drive | |
| Miami L akes, FL 33166 چېدنوچ | Miami Lakes, FL 33166 | |
| The name and the Florida street address Olga Lugo | | |
| | Name | |
| 550 Hunting Lodge Drive | | |
| Florida street address (P.O. Box NOT acceptable) | | |
| Miami Lakes, FL 33166 FL Serves City, State, and Zip | | |
| registered agent and agree to act in this statutes relating to the proper and com | ated in this certificate, I hereby accept (| the appointment as th the provisions of all am familiat with and |
| Registere | d Agent's Signature | FLO FLO |

(CONTINUED)

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

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

| "MGR" = Manager "MGRM" = Managing Member | Name and Address: |
|--|--|
| MGRM | Olga Lugo 550 Hunting Lodge Drive Miami Lakes, FL 33166 Securios |
| | |
| | |
| (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.)

Olga Lugo

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)