L0500006034

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer		
13/2		

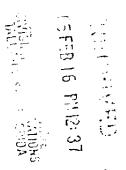
Office Use Only



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OFFICE USE ONLY(DOCUMENT#)	
LAZARUS CORPORATE FILING 3320 S.W. 87 AVENUE	SERVICE
MIAMI, FLORIDA (305)552-5973	SSEE
	51.0° 2:0°
	OFFICE USE ONLY
1. 2741 DW 1747	CUMENT NUMBER(S) (if known): TH STREET, LLC (Document #)
2.	
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
Walk in Pick up time	
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
	ni varanta serita ta tanggi basalin teri
OTHER FUNGS	REGISTRATION/ QUALIFICATION
Annual Report	Foreign
Fictitious Name	Limited Partnership
Name Reservation	Reinstatement
	Trademark

Other

Examiner's Initials

	For St. T.
ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	PH 2:
2741 NW 174th S	treet, LLC
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Miami Lakes, A. 33014	Mami Lakes, Pl. 33016
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:
The name and the Florida street address of the re	gistered agent are:
_ Felix P.	Lazo
Name	•
8046 NW	ess (P.O. Box NOT acceptable)
A	DFL 33016
liability company at the place designated in the registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED)

ercd Agent's Signature

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

ARTICLE IV- Manager(s) or Ma The name and address of each Man	naging Member(s): ager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGCM =	Felix P. Lazo 8040 nw 155 street miami lakes, Pl. 33016
Use attachment if necessary)	
•	the added if an affective data is necessarily
REQUIRED SIGNATURE:	t be added if an effective date is requested.
Signature of a memb	or or an authorized representative of a member.
(In accordance with se	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
<u>Fel</u>	yped 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)