

W050000/17485

Florida Department of State
Division of Corporations
Public Access System

③

Electronic Filing Cover Sheet

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05 FEB 21 PM 12:06

DIVISION OF CORPORATIONS

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

turn 4 enterprises llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

05 FEB 21 PM 3:47

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H05000004/3232

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TURN 4 ENTERPRISES LLC

ARTICLE II - Address:

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

Principal Office Address:

11871 SW 168 Terrace

Miami, Florida 33177

Mailing Address:

Same

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

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

Nancy Ortiz

Name

7751 SW 26th Street

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

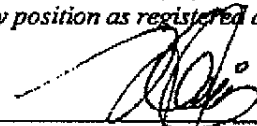
Miami

FL

33155

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, F.S.



Registered Agent's Signature

(CONTINUED)

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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

MGRM

Name and Address:

CESAR H. MILLA

11871 SW 168 Terr.

Miami, FL 33177

(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.)

CESAR H. MILLA

Typed or printed name of signer

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