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(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:				
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OFFICE USE ONLY(DOCUMENT #)		4	
LAZARUS CORPORATE FILIN	G SERVICE		
3320 S.W. 87 AVENUE			
MIAMI, FLORIDA (305)552-5973			
		10 8 M	
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•	·	20	
CORPORATION NAME(S) & DO	CUMENT NUMI	BER(S) (if known):	
1.50-6 MOPE	RILES,	110	
(Corporation Name)	7	(Document #)	
2. (Corporation Name)		(Document #)	
3. (Corporation Name)		(Document #)	
4.			
(Corporation Name)	9 ===	(Document #)	
Walk in Pick up time	7.00	Certified Copy.	
Mail out Will wait	Photocopy	Certificate of Status	
NEW FILINGS	AMENDMI	ENTS	
Profit	Amendment		
NonProfit	Resignation of R	A, Officer/Director	
Limited Liability	Change of Registe	ered Agent	
Domestication	Dissolution/Withdrawal		
Other	Merger		
		संदर्भनावि	
OTHER FILINGS	REGISTRATIO QUALIFICATIO		
Annual Report Fictitious Name	Foreign		
Name Reservation —	Limited Partnersh	ip	
140stie treset Aginti	Reinstatement		
	Trademark		
	Other	Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			00
The name of the Limited Lia	bility Company	is:	20 to 1
50-6 PROPE	RTIES .	LLC	I Liability Company is:
ARTICLE II - Address:	-		
The mailing address and stree	et address of the	principal office of the Limited	I Liability Company is.
8010 SW 103	AUE		CAR. T
M14M1, FZ 33,			All the
•		and Office P. Dowistowed Age	nt's Signatures
AKTICLE III - Kegistered .	Agent, Register	red Office, & Registered Age	nt s Signature.
The name and the Florida str	eet address of th	ne registered agent are:	
•	SUSAN.	GUTTMANN	
	8010 3	OUTTMANN Name SW 103 AVE	
_		dress (P.O. Box <u>NOT</u> acceptable) FL FL 33/73 City, State, and Zip	
-	(City, State, and Zip	
agent and agree to act in this relating to the proper and con	capacity. I furth	is certificate, I hereby accept the ner agree to comply with the province of my duties, and I am familias provided for in Chapter 608,	visions of all statutes ar with and accept the
-	- Jun	Mulmo	
Article IV - Management		stered Agent's Signature	
		e managed by one manager or i	more managers and is
therefore, a manager - mana	- •	o manager of one manager or .	
	.g	SUSAN GUTTMANA	MANAGER
		SUSAN GUTTMANN 8010 SW 193 AV	19 HARGER
		MIAMI, FR. 3317	-
(An additio	mal article must	be added if an effective date is	s requested)
<u> </u>	susan	er or an authorized representative	
Sign	ature of a membe	er or an authorized representative	oi a memoer.
of th		ction 608.408(3), Florida Statutes, the itutes an affirmation under the penal rein are true.)	
	SUSAN	ed or printed name of signee	
	Type	d 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)