

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000124022 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name
Account Number

: FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-083

: (305)599-0839 : (305)716-0346

SHAY 16 PH 4: -

# LIMITED LIABILITY COMPANY

**AXIS 3224, LLC** 

Certificate of Status	O manufactor and and an administrative
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILTY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

AXIS 3224, LLC

ARTICLE II - Address:

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

2717 Ponce de Leon Boulevard Coral Gables, FL 33134

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

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

Sergio de Varona, CPA
Name
304 Palermo Avenue
Florida Street Address
Coral Cubles, FL 33134
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 herby 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 in Chapter 608, F.S.

Registered Agent's Signature

H 05000124022 3

## ARTICLE IV Management (Check if applicable)

The Limited Linbility Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an effective data is requested)

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 scated herein are true)

Julian Isanc Typed or printed name of signee

#### MANAGING MEMBERS

### **ADDRESS**

Julian Isaac (99 Units) 2717 Ponce de Leon Blvd.
Coral Gables, FL 33134

Abraham Isaac (01 Unit) 2717 Ponce de Leon Blvd.
Coral Gables, FL 33134