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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
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CEORGIA SSEEFS LAZARUS CORPORATE FILING SERVICE Requester's Name 3320 S.W. 87TH AVENUE Address MIAMI, FL 33165 (305) 552-5973 City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.00 Walk in Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit → Amendment Resignation of R.A., Officer/Director Not for Profit Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address:	
The mailing address and street address of the p	principal office of the Limited Liability Company i
Principal Office Address:	Mailing Address:
397 Harbor Ct.	397 Harbor Ct.
Key Biscayne, FL 33149	Key Biscayne, FL 33149

Name

397 Harbor Ct.
Florida street address (P.O. Box NOT acceptable)

Key Biscayne, FLORIDA 33149
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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Roger E. Duarte
	397 Harbor Ct. Key Biscayne, FL 33149
MGRM	Roger A. Duarte 397 Harbor Ct.
	
	Key Biscayne, FL 33149
(Use attachment if necessary)	
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.
X Tool	sthorized representative of a member.
	108(3), Florida Statutes, the execution Girmation under the penalties of perjury e.)

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)

Roger E. <u>Duarte</u>
Typed or printed name of signee