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(Dec	washaria Naman	
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**	TRANSMIT	TAL LETTER		
TO: Registration Se Division of Co	ection orporations			
SUBJECT:	ncom Yea (Name of Limite	Mortage d Liability Company)	LLC	• •
The enclosed Articles o	f Organization and fee(s) are s	ubmitted for filing.	,	
Please return all corresp	oondence concerning this matte	er to the following:		
	jerman Mu	Name of Person)		-
	(	Firm/Company)		. ,
14024	1 NW 87 1	AVENUE (Address)		•
īM	ami Lakes (City)	Florida (State and Zip Code)	<u>330</u> 16	· <u>·</u>
For further information	concerning this matter, please	call:		
German (Name	Muriel of Person)	at (305) 821 (Area Code & Daytime To	- 4461 elephone Number)	<u> </u>
Enclosed is a check for	or the following amount:			
🕱 \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing. Fe Certificate of Status & Certified Copy (additional copy is enclose	3 7
Regist Divîsi 409 E.	ET ADDRESS: tration Section on of Corporations . Gaines Street nassee, Florida 32399	MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	-
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:
14024 NW 82 AVENUE Miami Lakes, FL 33016	14024 11W 87 AVENUE Miami Lakes, FL 33016
ARTICLE III - Registered Agent, Registered	
The name and the Florida street address of the re	gistered agent are:
German Murie Name	
14024 NW 82 Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Miami Lakes City, State, ar	FL 33016 nd 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)

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR Wallaging Weinser	German Muriel 14024 NW BZ AVENUE MIAMI LAKES EL 330
MGR_	Jarge Ramos 14024 NW 37 AVE NUE MIAMI LAKES, FL 33016
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	en e
Jeoneon 1	(lune)
(In accordance with sof this document con	ber or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
that the facts stated	I herein are true.)  Muriel  Typed 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)