

L05UUVU 63887

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

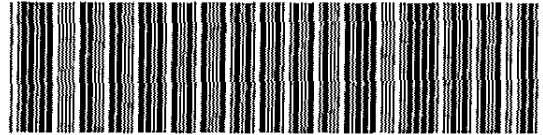
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05 JUN 28 AM 10:54

DIVISION OF CORPORATION

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05 JUN 28 PM 1:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 452387 7361995

AUTHORIZATION :

COST LIMIT : \$ 125.00

FILED
05 JUN 28 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 27, 2005

ORDER TIME : 9:09 AM

ORDER NO. : 452387-005

CUSTOMER NO: 7361995

CUSTOMER: Angel M. Garcia-oliver, Esq.
Garcia-oliver & Mainieri, P.a.

Suite 447
782 N.w. Le Jeune Road
Miami, FL 33126

DOMESTIC FILING

NAME: THE LEXI UNIT 707, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Lexi Unit 707, LLC

ARTICLE II - Address:

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

Principal Office Address:

782 NW Le Jeune Road, Suite 447
Miami, Florida 33126

Mailing Address:

782 NW Le Jeune Road, Suite 447
Miami, Florida 33126

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

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

Garcia-Oliver & Mainieri, P.A.

Name

782 NW Le Jeune Road, Suite 447

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

Miami, Florida 33126

FL

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 605, F.S.


 Registered Agent's Signature

(CONTINUED)

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

Name and Address:

MGR _____

All Gamboa _____

401 Ocean Drive, # 326 _____

Miami Beach, Florida 33139 _____

(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.)

Angel M. Garcia-Oliver, Esq.

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)