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(Requestor's Name)			
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(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
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TRANSMITTAL LETTER

TO: Registration Se Division of Co		· ·			
SUBJECT: 635/ L. L. C. (Name of Limited Liability Company)					
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
_ <i>J</i>	Del Ste	ewart Vame of Person)			
	q	Firm/Company)			
139	5 Brick	ell Ave	#3308		
<u>M</u>	City	State and Zip Code)	<u>/3/</u>		
For further information	concerning this matter, please	call:			
Joel S	Hewart of Person)	at (305) 494 (Area Code & Daytime Te	-5060 elephone Number)		
Enclosed is a check fo	r the following amount:				
\$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	ET ADDRESS: ration Section	MAILING A Registration S			

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	L	-	N	a	m	e	
					_		

The name of the Limited Liability Company is:

6351, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1395 Brickell Ave #3308

1395 Brickell Ave #3308 Miami FL 33131

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

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

Nome

1395 Brickell Am A

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

Miami EL 33/31

City, State, and Zip

SECRETARY OF STATE DIVISION OF CORPORATIONS

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)

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	Joel Stewart 1395 Brickell Ave #3308 Miami FL 33131
MGRM_	Therese L. Stewart 1395 Brickell Ave #3308 Miami FL 33131
(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.)

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)

SECRETARY OF STATE
DIVISION OF CORPORATION