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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : PAUL SALVER, P.A.  
Account Number : I20020000087  
Phone : (954)389-1333  
Fax Number : (954)389-1397

RECEIVED  
05 AUG 18 AM 11:28  
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

Residence Drive #107, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

05 AUG 18 AM 9:55  
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Residence Drive #107, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

18587 S.W. 12 St.  
Pembroke Pines, FL 33029

**Mailing Address:**

18587 S.W. 12 St.  
Pembroke Pines, FL 33029

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

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

Paul Salver

Name

2721 EXECUTIVE PARK DRIVE, Suite 3

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

Weston, FL 33331

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, F.S.*

  
Registered Agent's Signature

(CONTINUED)

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGR

Eduvigis Mezerhane

18567 S.W. 12 St.

Pembroke Pines, FL 33028

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(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

*Eduvigis Mezerhane*

*Eduvigis Mezerhane*

Signature of a member or an authorized representative of a member.

(In accordance with section 608.405(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Eduvigis Mezerhane

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 50.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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