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## **LAZARUS**

CORPORATE FILING SERV	· · · · · · · · · · · · · · · · · · ·
3320 SW 87 <sup>TH</sup> AVENUE	Office Use Only  NT NUMBER(S), (if known):
MIAMI, FL 33165 (305) 552-59	73
	Office Use Only
CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if known):
1. CAPE CORAL UNIT	170 LOTS 61,62, LLC
(Corporation Name)	(Document #)
2.	(Document #)
(Corporation Name)	(Document #)
3.	
(Corporation Name)	(Document #)
4.	
(Corporation Name)	(Document #)
Walk in Pick up time	Certified Copy
☐ Mail out ☐ Will wait	Photocopy
NATIONAL PORK INTOICS	A RATE NUMBER ATTENDED
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit	Amendment Resignation of R.A., Officer/Director
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)

## ARTICLE I - Name: The name of the Limited Liability Company is: Cape Coral Unit 70 Lots 61,62, LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address: 5361 NW 110 Ave Miami, Pl. 33178

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

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

Name

5361 NW 110 Ave

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

Miami FL 33178

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)

## 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:
MGEM	Jaime Rivas 5361 nw 110 Are Mlami, FL. 33178
MEICH	S361 nw 110 Ave Hiami, A. 33178
(Use attachment if necessary)	. 7,42

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.)

Lazaro Veguilla.

Typed or printed name of eignee

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)