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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO

BRIGGS-LAKEWOOD LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name:

The name of the Limited Liability Company is:

BRIGGS-LAKEWOOD LLC

ARTICLE II – Address:

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

3310 SO. OLIVE AVENUE
WEST PALM BEACH, FL. 33405

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

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

ZENON A. RODRIGUEZ

Name

3310 SO. OLIVE AVENUE

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

WEST PALM BEACH, FL 33405

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 register 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

ARTICLE IV – Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be managed by one manager or more managers and is, Therefore, a manager – managed company.



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.)

ZENON A. RODRIGUEZ

Typed or printed name of signee



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.)

LOIDA RODRIGUEZ

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA