

Division of Corporations

L06000016571

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000040280 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : JEFFERY LUSKY, P.A.
Account Number : 110331002052
Phone : (305) 442-1245
Fax Number : (305) 444-8330

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

06 FEB 14 AM 10:01

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO

Balam, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

06 FEB 14 PM 12:00

STATE OF FLORIDA
DIVISION OF CORPORATIONS

((H06000040280 3))

E-FILING

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name: The name of the Limited Liability Company is:

Balam, LLC

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

Principal Address:

**2121 Ponce De Leon Blvd., Suite 240
Coral Gables, Florida 33134**


Mailing Address:

**Post Office Box 140365
Coral Gables, Florida 33114**

ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

**Jeffrey Lusky, Esq.
301 Almeria Avenue, Suite 345
Coral Gables, Florida 33134**

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

Article IV Management:

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

Title:

Name and Address:

MGRM

**Begona Angoitia
Post Office Box 140365
Coral Gables, Florida 33114**

MGR

**Nelson Bean
Post Office Box 140365
Coral Gables, Florida 33114**


((H06000040280 3))

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 FEB 14 AM 10:01

FILED

(((H06000040280 3)))



Signature of Member or Authorized Representative

(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.)

JEFFREY LUSKY, ATTORNEY-IN-FACT

Typed or Printed Name of Signer

FILED
06 FEB 14 AM 10:01
SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

(((H06000040280 3)))