

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
(Oity/Otate/Zip/r-none #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





10/18/06--01022--013 **155.00

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

OF OCT 18 PH 2: 09
SECRETARIAN SEE, FLORIDA

	•		<u> </u>
		. Office Us	e Only
CORPORATION	NAME(S) & DOC	CUMENT NUMBER(S), (if known)	· •
12006-0	02 HAMP	TON PARKLLC	
(C	orporation Name)	(Document #)	
•		The state of	
2(C	Corporation Name)	(Document #)	·
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3.	•	,	
(C	orporation Name)	(Document #)	And the state of t
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4	Corporation Name)		
(C		(Document #)	
Walk in	Pick up time	200 HC	ertified Copy
Mail out	☐ Will wait	<u> </u>	ertificate of Status
NEW FILINGS		<u>AMENDMENTS</u>	•
Profit			
Not for Pro	fit	Amendment Resignation of R.A., Offi	cer/Director
Limited Lia	bility	Change of Registered Ag	
Domesticat	ion	Dissolution/Withdrawal	•
U Other	*******	☐ Merger	
OTHER FILIN	<u>IGS</u>	REGISTRATION/QUALIF	ICATION .
Annual Rep	oort :	Foreign	
☐ Fictitious N		Limited Partnership	·
	•	Reinstatement	·
·	·	Trademark	
•		Other	
	·	· (
CR2E031(7/97)		Ex	aminer's Initials

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	OCT 18 PA
2006 - 02 HAMPTON PACK (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.," or "L.C.,"
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2201 N.W 102nd PL SUITE #3 MIRMI FI. 33172	2201 N.W. 102nd PL SUITE #3. HIAMI FL. 33172.
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
MARIA FLENA Name	LANGUASCO.
2201 N.W 102nd Florida street addr	PLSUME #3 ess (P.O. Box NOT acceptable)
City, State, an	<u>FL 33(コン</u> nd 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 (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Fitle:</u> "MGR" = Manager "MGRM" = Managing Me	Name and Address:
MGR.	ORLANDO PADRON. 2201 N.W. 10200 P. SLITE#3 HIAMI FL. 33172
Use attachment if necess	ary)
LE V: Effective date, if of fective date, if of	her than the date of filing: (OPTION late must be specific and cannot be more than five business of
LE V: Effective date, if of fective date is listed, the days after the date of fili	her than the date of filing: (OPTION late must be specific and cannot be more than five business day.)
fective date is listed, the days after the date of fili REQUIRED SIGNATU Signatur (In according this details of this details and the date of fili	her than the date of filing: (OPTION late must be specific and cannot be more than five business ong.)

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)