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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |

Office Use Only



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LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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| CORPORATION NAME(S) & DOCUME | NIT NITIMEDI | | office Use Only | |
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| (Corporation Name) | 1 | ment #) | | |
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| 4. (Corporation Name) | (Доси | ment #) | | <u>.</u> |
| Walk in Pick up time 1. Mail out Will wait | O 6 Photocop | y | ☐ Certified Copy☐ Certificate of Sta | tus |
| NEW FILINGS Profit Not for Profit Limited Liability Domestication Other | Change | nent | | |
| OTHER FILINGS | REGISTRA | TION/QU | ALIFICATION | |
| Annual Report Fictitious Name | Foreign Limited Reinsta Tradem Other | Partnership tement | > | : |
| | | | Examiner's Initial | s |

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

LAHENS REAL ESTATE JUVESTMENT, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

14452 NW 88th PLACE

Minmi LAKES, FL. 33018

Mailing Address:

14452 NW 88th PLACE

Minmi LAKES, FL. 33018

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

14452 NW 88 H PLACE

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

Miami Lakes. FL. 330/8

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 (REQUIRED)

(CONTINUED)
Page 1 of 2

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

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

| "MGR" = Manager "MGRM" = Managing Member | · |
|--|--|
| MGR | MARIA ELEVA GARCIA 14452 NW 88 M PLACE Miami LAKES. FL 33018 |
| | |
| | |
| | · |
| ·. | |
| (Use attachment if necessary) | |
| CLE V: Effective date, if other than affective date is listed, the date muddays after the date of filing.) | n the date of filing: 10-18-2006 (OPTIONAL) ust be specific and cannot be more than five business days p |
| REQUIRED SIGNATURE: | |

(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.)

ARIA ELENA GARCIA.

Typed or printed name of signee

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)