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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

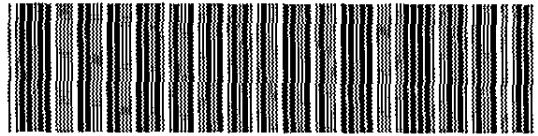
(Document Number)

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07 FEB -6 AM 11:13  
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. TEX LOFTS 06, L.L.C.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)



Walk in



Pick up time

2.06



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

**NEW FILINGS**



Profit



Not for Profit



Limited Liability



Domestication



Other

**AMENDMENTS**



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

**OTHER FILINGS**



Annual Report



Fictitious Name

**REGISTRATION/QUALIFICATION**



Foreign



Limited Partnership



Reinstatement



Trademark



Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY  
OF  
TEXLOFTS 06, L.L.C.**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**TEXLOFTS 06, L.L.C.**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is: **8490 SOUTH LAKE FOREST DRIVE, DAVIE, FLORIDA 33328.**

**ARTICLE III - Duration**

The period of duration for the Limited Liability Company shall be: **PERPETUAL.**

**ARTICLE IV - Management**

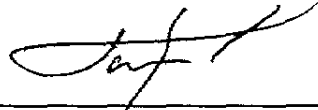
The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member(s) (are) (is): **TOMAS VAZQUEZ, 8490 SOUTH LAKE FOREST DRIVE, DAVIE, FLORIDA 33328.**

The undersigned member or authorized representative of a member of :  
**TEXLOFTS 06, L.L.C., disposes and says:**

- 1) the above named limited liability company has at least one member.
- 2) the total amount of cash contributed by the member(s) is \$1,000.00.

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- 3) if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.



NAME TOMAS VAZQUEZ



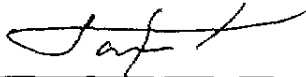
DATE

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT OF DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is : **TEXLOFTS 06, L.L.C.**
2. The name and address of the registered agent and office is: **TOMAS VAZQUEZ, 8490 SOUTH LAKE FOREST DRIVE, DAVIE, FLORIDA 33328.**

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.

  
\_\_\_\_\_  
NAME **TOMAS VAZQUEZ**

  
\_\_\_\_\_  
DATE