

**L070000021486**

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.**

(((H07000051602 3)))



H070000516023ABCV

**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  
Tax Number : (850) 205-0383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : T200000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

07 FEB 26 AM 9:11

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**SOUTH FLORIDA FUND & MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
07 FEB 26 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H07000051602

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

South Florida Fund Management LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:****Mailing Address:**19200 S.W. 106<sup>th</sup> Ave #5  
Miami, FL 33157SAME**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:

CHRISTINA ROBINSON

Name

1251 NE 42<sup>nd</sup> Avenue

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

Hollywood FL 33033

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.

Christina Robinson

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

H07000051602

07 FEB 26 AM 9:11

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

H07000051602

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRDAYANA SARLANGUE  
3760 INVERRARY DR.  
LAUDERHILL, FL 33319MGRKEITH ROBINSON  
1751 NE 42<sup>ND</sup> AVENUE  
HOMESTEAD, FL 33033MGRMMEIVIN MARTINEZ  
931 NW 140<sup>TH</sup>  
MIAMI, FL 33168

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**  
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.)

Keith Robinson  
Typed or printed name of signer**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)

H07000051602