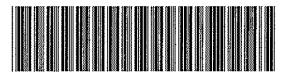
## W1000024660

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone #	<u> </u>
PICK-UP	☐ WAIT	MAIL
(Bus	si <b>ness</b> Entity Name)	
(Doo	cument Number)	
Certified Copies	Certificates of	Status
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Special Instructions to F	Filing Officer:	

Office Use Only



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## **COVER LETTER**

Registration Section

TO:

Division of Co	rporations		
SUBJECT: CRBI	Realty, LLC		
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are s	submitted for filing.	
Please return all corresp	ondence concerning this matte	er to the following:	
CARLOS E	BENITEZ		- 
	(	Name of Person)	
C R B Real	ty, LLC		
•		(Firm/Company)	
5333 Colli	ns Avenue, Apt. 70	9	
		(Address)	
Miami Bea	ach, Florida 33140	)	wn P
	(City	/State and Zip Code)	14 PM
For further information	concerning this matter, please	call:	DAR -
CARLOS BENITI	EZ	at ( 305 ) 868 413	0 HC P
(Name	of Person)	(Area Code & Daytime To	elephone Number
Enclosed is a check for	or the following amount:		55
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

is:
mited Company" or their abbreviation "LLC," or "L.C.,")
e principal office of the Limited Liability Company is:
Mailing Address:
5333 Collins Avenue, Apt. 709
Miami Beach, Florida 33140
7290
red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
ne registered agent are:
70 7
me OFF
ot. 709
address (P.O. Box NOT acceptable)
FL 33140
te, and Zip
to accept service of process for the above stated limited

(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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	CARLOS BENITEZ
	5333 Collins Avenue, Apt. 709
	Miami Beach, Florida 33140
	•
	<del></del>
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	S S
	10 3
(Use attachment if necessary)	· · · · · · · · · · · · · · · · · · ·
	SE SE
LE V: Effective date, if other than the d	ate of filing:
days after the date of filing.)	; <del>-' ()</del>
	ORIGINATION OF THE STATE OF THE
	The state of the s
REQUIRED SIGNATURE:	lula Br
•	or an authorized representative of a member.
	on 608.408(3), Florida Statutes, the execution stes an affirmation under the penalties of perjury rein are true.)
	•

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)

Typed or printed name of signee