

10710000391358

(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:

LS

Office Use Only



400092224524

04/12/07--01012--019 \*\*155.00

RECEIVED

07 APR 12 AM 11:42

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

2007 APR 12 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LAZARUS  
CORPORATE FILING SERVICE**

**3320 SW 87<sup>TH</sup> AVENUE**

**MIAMI, FL 33165 (305) 552-5973**

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. SOUTH DADE APPRAISAL LLC  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in    ☒ Pick up time 2.00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**ARTICLES OF ORGANITAZION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

**The name of the Liability Company is:**

**SOUTH DADE APPRAISAL LLC**

**ARTICLE II – Address:**

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

**10934 SW 188 STREET MIAMI FL 33157**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

LESLIE MARTINEZ

Name

10934 SW 188 STREET

Florida street address (P.O. Box NOT acceptable

MIAMI FL 33157

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 designed 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 familiar with and accept the obligations of my positions as registered agent as provided for ub Chapter 608, F.S.*

  
Register Agent's Signature

**ARTICLE IV - Management ( Check box if applicable.)**

- ☒ The Limited Liabilities Company id to be managed by one manager of more managers and is, therefore, a manager - managed company.

LESLIE MARTINEZ

MANAGER

04/02/2007

10934 SW 188 STREET MIAMI FL 33157

DATE

JOSE MARTINEZ

MANAGER

04/02/2007

10934 SW 188 STREET MIAMI FL 33157

DATE

**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 and affirmation under the ponalties of perjury that the facts stated herein are true.)*

LESLIE MARTINEZ

X

JOSE MARTINEZ

X

Typed of printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 APR 12 PM 3:58

FILED