## L0700039314

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(Cit	y/State/Zip/Phone	<del>)</del> #)
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## LAZARUS CORPORATE FILING SERVICE

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

CR2E031(7/97)

MIAMI, FL 33165 (305) 552	-5973	•
·		Office Use Only
ORPORATION NAME(S) & DOCU	JMENT NUMBER(S), (i	if known):
ILB HOLDING	5, L.L.C.	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	· .
(Corporation Name)	(Document #)	
Walk in Pick up time	2.06	Certified Copy
☐ Mail out ☐ Will wait	☐ Photocopy	Certificate of Status
EW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of Change of Regi Dissolution/Wi Merger	
OTHER FILINGS	REGISTRATION/	OUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	rship
	·	Evernings's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited I	Liability Company is:			
ILB HOLDINGS, 1	<b>L.L.C.</b> d Liability Company, "Limit	ed Company" or their abbreviation "L	I.C," or "IC.,")	
ARTICLE II - Address: The mailing address and s	street address of the pa	rincipal office of the Limited	Liability Compa	ny is:
Principal Office Address	<u>8:</u>	Mailing Address:		
9360 SUNSET DR SUMIAMI, FL 33173		P.O. BOX 832468 MIAMI, FL 33283-		
	annot serve as its own Regis	d Office, & Registered Ager stered Agent. You must designate an in		
The name and the Florida	street address of the i	registered agent are:		
0	.A. GONZALEZ J			
	Name			
93	360 SUNSET DRI	VE, SUITE 245 dress (P.O. Box NOT acceptable)		
MTZ	AMI	<del></del> .		
	City, State,	FL33173 and Zip		
liability company at the registered agent and agre statutes relating to the p	e place designated in t e to act in this capacit roper and pypylete po	accept service of process for this certificate, I hereby accepty. I further agree to comply verformance of my duties, and intered agent as provided for i	ot the appointment with the provisions I am familiar with	as cof al and
<del></del>	Register Contin (CONTIN Page Lof		2007 APR 12 P SECRETARY OF TALLAHASSEE.	

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	O.A. GONZALEZ JR
17017	9360 SUNSET DRIVE SUITE 245
	MIAMI, FL 33173
LE V: Effective date, if other than the	he date of filing: (OPTION/
	he date of filing:, (OPTIONAL be specific and cannot be more than five business day
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	
LE V: Effective date, if other than the date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a month of this document control of this document control.	be specific and cannot be more than five business day
EV: Effective date, if other than the date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a month of this document conthat the facts state	the or an authorized representative of a member.  section 608,408(3). Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)  GONZALEZ JR  Typed or printed name of signee
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a month of this document conthat the facts state	ther or an authorized representative of a member.  section 608.408(3). Florida Statutes, the execution astitutes an affirmation under the penalties of perjury d herein are true.)

Page 2 of 2

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