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	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phon	e #)
PIC	CK-UP WAIT	MAIL
	(Business Entity Na	me)
	(Document Number)
Certified Copies	Certificate	s of Status
Special Instru	ctions to/Filing Officer:	
	Office Use Or	nly



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SECRETARY OF STATE
PALLAHASSEE, FI OBJE

LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

ARCHARAS AND

Examiner's Initials

	70/20 0
	Office Use Only
CORPORATION NAME(S) & DOCUMI	ENT NUMBER(S), (if known):
ILRANDA FARM	
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
3	
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time	.60 Certified Copy
Mail out Will wait	Photocopy Certificate of Status
NEW FILINGS	AMENDMENTS
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR ARTICLE 1 - Name:	FLORIDA LIMITED LIABILITY COMPANY		
The name of the Limited Liability Company	is:		
LR and A	FAYMS 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:		
5302 S.W 162 PL MIAMI FZ 33185	5302 S.W 162 PL MIAMI FE 33/85		
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:		

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

business entity with an active Florida registration.)

Avilette Breto-Gonzalez

Name

5302 S.W 162 PL

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

M/ANI

FL. 33185

City, State, and Zip

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another

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..

Registered Agent's Signature (REQUIRED)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: ____ (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.)

Typed or printed name of signed

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) .