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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	or Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **LAZARUS**

## **CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

OT DEC 5 PM 3: 13

MIAMI, FL 33165 (305) 552-5973	
	Office Use Only
CORPORATION NAME(S) & DOCUMENT N	UMBER(S), (if known):
1. ADKEN TAVE	ESTMENTS LC ?
2.	
(Corporation Name)	(Document #)
3.	· · · · · · · · · · · · · · · · · · ·
(Corporation Name)	(Document #)
4	· , , , , , , , , , , , , , , , , , , ,
(Corporation Name)	(Document #)
Walk in Pick up time 3.00  Mail out Will wait DPh	Certified Copy  Octocopy  Certificate of Status
NEW FILINGS AMI	ENDMENTS
Not for Profit Limited Liability Domestication	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS REG	ISTRATION/QUALIFICATION
Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

The name of the Limited Liability Company is:	
ADKEN Tovestments. (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 prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7955 SW 24 Street Miami, Fl. 33155	7955 SW 24 Street miam 1, Fl. 33155
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	Office, & Registered Agent's Signature: red Agent. You must designate an individual or another
The name and the Florida street address of the re	gistered agent are:
Jose Aller Name	···;
7955 SW 24 S Florida street addr	ress (P.O. Box <u>NOT</u> acceptable)
Miami City, State, at	<u>FL 33155</u> nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.
Que al	be
Registered Agent's Signati	ire (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY

<u>l'itle:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MBRM	Jose Aller 7955 Sway Street
MGR_	Yorl Damas 7955 Sw 24 Street Migmin Fl. 33155
· .	
,	
(Use attachment if necessary)	.:
LE V: Effective date, if other than the fective date is listed, the date must days after the date of fiting.)	
LE V: Effective date, if other than the factive date is listed, the date must days after the date of fiting.)  REQUIRED SIGNATURE:	be specific and cannot be more than five business da
LE V: Effective date, if other than it fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a mem (In secondance with	be specific and cannot be more than five business day there or an authorized representative of a member. section 608.408(3), Florida Statutes, the execution assistates an affirmation under the penalties of perjury

ARTICLE IV- Manager (2) or Managing Member (8):

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)