Florida Department of State **Division of Corporations** Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000101595 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 12000000019 Phone : (305)552-5973 Fax Number : (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

COMPLEAT 13 ST, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

J. BRYAN

APR 2 1 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H08000101595

Articles of Organization for Compleat 13 St, LLC

Article I Name

The name of the Limited Liability Company is Compleat 13 St, LLC

Article II

Address

The mailing address and street address of the principal office of the Limited Liability Company is: 612 S.E. 5th Avenue Suite #1 Ft. Lauderdale, Florida 33301

Article III

<u>Duration</u>

This period of duration for the Limited Liability Company shall be perpetual.

Article IV Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be 612 S.E. 5th Avenue Suite # 1 Ft. Lauderdale, Florida 33301 and the name of the initial registered agent of the Limited Liability Company at that address is Harriette Moore.

Article V Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

The undersigned authorized representative of the members of Compleat 13 St, LLC, hereby executes these articles of organization on this 21st day of April 2008.

Harriette Moore.

as authorized representative

H08000101595

FAX NO. :3052201440

H08000101595

Certificate of Designation of Registered Agent/Registered Office

Pursuant to the provisions of section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designated a registered office and registered agent in the State of Florida.

- 1. The name of the Limited Liability Company is Compleat 13 St, LLC.
- 2. The name and the Florida street address of the registered agent and office are:

Harriette Moore 612 S.E. 5th Avenue Suite # 1 Ft. Lauderdale, Florida 33301

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.

Harriette Moore

OR APR 18 AM Sh 93