

L080000062983

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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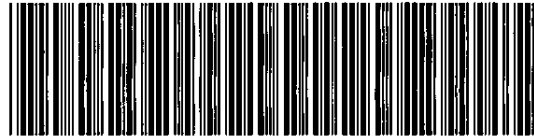
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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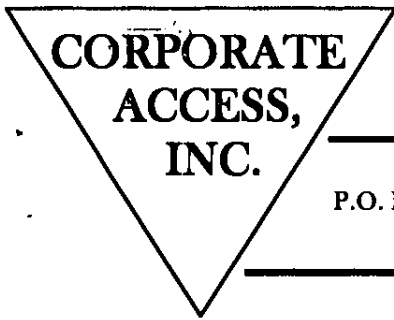
RECEIVED
08 JUN 27 PM 12:01
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUN 27 2008

EXAMINER



"When you need ACCESS to the world"

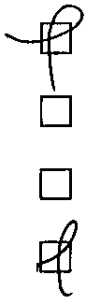
236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

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CERTIFIED COPY

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LLC

1.

Arminda Family, LLC
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

* Please file first *

**ARTICLES OF ORGANIZATION
OF
ARMINDA FAMILY, LLC**

FILED
08 JUN 27 PM 2:15
CLERK OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do hereby set forth the following:

1. **NAME**

The name of the Limited Liability Company is:

ARMINDA FAMILY, LLC

2. **DURATION.**

The Limited Liability Company shall have perpetual existence.

3. **PURPOSE.**

The Limited Liability Company shall have all the powers vested in limited liability companies organized and existing under the laws of the State of Florida.

4 **MAILING ADDRESS AND STREET ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 20281 East Country Club Drive, Apartment 2108, Aventura, Florida 33180.

5. **REGISTERED AGENT**

The name and address of the initial Registered Agent in Florida for the Limited Liability Company is **LINDA ACKERMAN**, 20281 East Country Club Drive, Apartment 2108, Aventura, Florida 33180.

6. **MANAGEMENT**

The Limited Liability Company is to be managed by its manager(s).

7. **OWNERSHIP**

The name, address and ownership of the members of the limited liability company is as follows:

Linda Ackerman	100%
20281 East Country Club Drive	
Apartment 2108	
Aventura, Florida 33180	

8. **AMENDMENT**

The Limited Liability Company reserves the right to amend, alter, or repeal any provision contained in these Articles of Organization by the unanimous vote of its members.

Executed this 26 day of June, 2008.

 (SEAL)
LINDA-ACKERMAN

STATE OF FLORIDA

COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 26 day of June, 2008, **LINDA ACKERMAN**, Managing Member of **ARMINDA FAMILY, LLC**, a Florida limited liability company to be formed, ☐ who is personally known to me or ☒ who has produced FL DRIVERS LIC. as identification.


NOTARY PUBLIC, State of Florida

ACCEPTANCE BY REGISTERED AGENT

HAVING been appointed the Registered Agent of **ARMINDA FAMILY, LLC**, the undersigned accepts such appointment and agrees to act in such capacity and accepts the obligations contained in Section 608.415 of the Florida Statutes.

EXECUTED this 26 day of June, 2008.


LINDA ACKERMAN
Registered Agent