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(Requestor's Name)
(Address)
(Address)
(C): (O) 10 (T): (D) 10 (A)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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DEPARTMENT OF STATE OF VISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ADTICLE		
ARTICLE I - Name: The name of the Limited Liability Company is	is:	
Burshine Dryces (Must end with the words "Limited Lis	ability Company, "L.L.C.," or "LLC.")	<u> 12</u> .
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Lia	bility Company is:
Principal Office Address:	Mailing Address:	
2930 SW 107 Axe. Miami, El 33165	Same	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	red Office, & Registered Agent's gistered Agent. You must designate an individ	Signature: inal or another
The name and the Florida street address of th	ne registered agent are:	
Avork He	rrera	
Nar	me	
2300 Altra	address (P.O. Box NOT acceptable)	
	ed FL 33134	
	te, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete accept the obligations of my position as re	in this certificate, I hereby accept th acity. I further agree to comply with e performance of my duties, and I am	e appointment as the provisions of all 1 familiar with and
A Tuu	uid)	TA S
Registered Agent's Sig	gnature (REQUIRED)	08 SEP -5 AN SECRETALL CO
	TINUED)	SEAT CONTRACTOR
Page	1 of 2	를 3

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Mancy Hartinez	
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or an authorized representative of a member.	
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on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	TA.
on 608.408(3), Florida Statutes, the execution are true.)	SECRE: TALLAH
	ate of filing: (Cospecific and cannot be more than five bus