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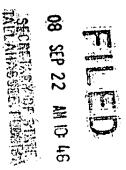
(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Name)	
(Docu	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	ECT. Miami Seen LLC	
30 53		ted Liability Company)
The er	nclosed Articles of Organization and fee(s) are	submitted for filing.
Please	e return all correspondence concerning this ma	tter to the following:
	Emily H. England	
		(Name of Person)
	Miami Seen LLC	
		(Firm/Company)
	13228 SW 108 St Cir	
		(Address)
	Miami, FL 33186-3422	
	(Ci	ity/State and Zip Code)
For fu	urther information concerning this matter, pleas	se call:
Emi	ily H. England	_at (_305) 385-4435
	(Name of Person)	(Area Code & Daytime Telephone Number)
Enclo	osed is a check for the following amount:	
<b>▼</b> \$125	5.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Comp	any is:	
Miami Seen LLC		
(Must end with the words "Limit	ed Liability Company, "L.L.C.," or "L.L.C.")	
ARTICLE II - Address: The mailing address and street address o	f the principal office of the Limited Liabil	lity Company is:
Principal Office Address:	Mailing Address:	
Miami Seen LLC	Miami Seen LLC	
13228 SW 108 St Cir	13228 SW 108 St Cir	
Miami, FL 33186-3422	Miami, FL 33186-3422	
	nd	
	Name	<b>2</b>
13228 SW 108	St Cir  treet address (P.O. Box NOT acceptable)	
Miami, FL 3318	•	5

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.

City, State, and Zip

Registered Agent's Signature REOLIRED

(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:

<u>Title:</u>		ame and Address:	
"MGR" = Manag "MGRM" = Man			
MGR	Er	nily H. Englend	
	13	3228 SW 108 St Cir	
	<u>Mi</u>	iami, FL 33186-3422	<del></del>
. —			<del></del>
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	_		<del></del>
	<del>-</del>		<del></del>
(Use attachment	f necessary)		
CLE V: Effective of	late, if other than the date of	f filing:	OPTIONAL)
	ted, the date must be specia	fic and cannot be more than five bu	,
<b>,</b>	<b>B</b> ,		E 8
DEALUBED CIA			
KEQUIKED SIG	GNATURE:		ാ>രെ ഗ
<u>REQUIRED</u> SIC	GNATURE:	1 1	## <b>45</b>
<u>REQUIRED</u> SIG	Frily H.	Ingland	22
<u>KEQUIRED</u> SIC	Frily H.	England authorized representative of a member.	22 M
<u>REQUIRED</u> SIG	Signature of a member or an (In accordance with section 608	authorized representative of a member.  8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury	22

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)

Typed or printed name of signee