## L09000018251

(Re	equestor's Name)				
(Address)					
(Ac	idress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



900143546349

02/19/09--01017--014 \*\*155.00

RECEIVED

09 FEB 19 AM 10: 59

DUSSON DESCRIPTION

DUSSON DESCRIPT

FILED

09 FEB 24 PM 1: 35

SLUIL ARY OF STATE
TALLAHASSEF ELORIE

B. KOHR
FEB 24 2009
EXAMINER

### **LAZARUS**

### CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time 2.06 Certified Copy ☐ Will wait Photocopy Certificate of Status Mail out **NEW FILINGS AMENDMENTS** ☐ Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign ☐ Fictitious Name Limited Partnership Reinstatement Trademark Other Examiner's Initials CR2E031(7/97)



RECEIVED 09 FEB 24 AM/1:03

# FLORIDA DEPARTMENT OF STATE VISION OF CORPORATIONS Privision of Corporations Privision of Corporations

February 19, 2009

**LAZARUS** 

\$44 X:

10

1

TALLAHASSEE, FL

SUBJECT: FIRMS LLC

Ref. Number: W09000008084

133

15 100

1.

1. . . . .

We have received your document for FIRMS LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

### Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 409A00005965

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name The name of the Lim	nited Liability Compan	y is:			
$\mathcal{F}IRS$	S.TS.7A7 LLC tend with the words "Limited		0		
(Musi	end with the words "Limited	Liability Company, '	L.L.C.," or "LLC.")		
ARTICLE II - Add	iress:				
	and street address of t	he principal offi	ice of the Limite	d Liability Compa	my is:
Principal Office Ad	ldress:	<u>Mailing</u>	Address:		×
2351 NW	9.3 AVE		SAME		
DORAL, FLO	93 AVE 08140 33172	2			ઢ
				- 103 C	7
(The Limited Liability Conbusiness entity with an ac	gistered Agent, Registration.)  live Florida registration.)  lorida street address of	Registered Agent. Y	ou must designate an	ent's Signature: individual or another	10 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
	Jack M			, Land Company of the	ON THE STATE OF TH
•	, ]	Name	* . ,	1	ř
	2351 NU	U 93 AI	serve	`	6.
•	Florida stre	eet address (P.O. B	ox NOT acceptable	<b>:</b> )	
	DORAL	FL	33172	<u>~</u>	
	City, S	State, and Zip			
liability compan registered agent an	ed as registered agent an my at the place designate and agree to act in this ca o the proper and compl	ed in this certific apacity. I further	ate, I hereby acc ragree to comply	ept the appointment with the provision	nt as ns of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member CFO PRESIDENT (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:**

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee