69000042287

(Requestor's Name)
-
(Address)
(Address)
. (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
, openia menana a ming omeon

Office Use Only



100160909601

09/23/09--01014--006 **160.00

2009 SEP 23 AM IO: 58

T. CLINE

SEP 24 2009

EXAMINER

COVER LETTER

SUBJECT:	NORTH N	MAMI DUPLEX, LLC	
SCHOLCI.		Liability Company	·
The enclosed Articles	of Organization and fee(s) are su	ubmitted for filing.	
Please return all corre	spondence concerning this matter	r to the following:	
	JESUS	R. FERNANDEZ	
	ľ	Name of Person	
	NORTH M	IIAMI DUPLEX, LLC	
	I	Firm/Company	
	P.O.	BOX 163225	
<u> </u>		Address	<u> </u>
	MIAMI,	FLORIDA 33116	
		State and Zip Code	是
		NDEZ0812@ATT.NET	1009 SEP
	E-mail address: (to be used for	r future annual report notification)	7 T
For further information concerning this matter, please call:		ARY C	
15010			in E
· · · · · · · · · · · · · · · · · · ·	R. FERNANDEZ e of Person	at (305) 302-0048 Area Code & Daytime Telephone Numbe	AM ID: 58
			, Σ α
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
	Mailing Address Registration Section Division of Corporations	Street/Courier Address Registration Section Division of Corporations	
	P.O. Box 6327 Tallahassee, FL 32314	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 Company is: NORTH MIAMI DUPLEX, LLC (Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")					
Principal Office Address:	Mailing Address:				
NORTH MIAMI DUPLEX, LLC 5757 COLLINS AVENUE #1703 MIAMI BEACH, FLORIDA 33140 ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	NORTH MIAMI DUPLEX, LLC P.O. BOX 163225 MIAMI, FLORIDA 33116 red Office, & Registered Agent's Signature egistered Agent. You must designate an individual or another S				
The name and the Florida street address of the	ne registered agent are: క్లోక్లో ω క	aru T			
JESUS R. I					
Na:	当 の				
5757 COLLINS	S AVENUE #1703				
Florida street address (F	P.O. Box NOT acceptable)				
MIAMI BEACH 3314 City, State	40 _{FL} te, and Zip				
liability company at the place designated tregistered agent and agree to act in this capa	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. 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..

Registered Agent's Signature (REQUIRED)

(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> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	JESUS R. FERNANDEZ 5757 COLLINS AVENUE #1703 MIAMI BEACH, FLORIDA 33140
- 11 	
(Use attachment if necessary)	200 Z
REQUIRED SIGNATURE: Signature of a member or a (In accordance with section of	an authorized representative of a member.
that the facts stated herein a	,
	S R. FERNANDEZ r printed name of signee

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

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)