Division of Corporations
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(((H090002311373)))



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Division of Corporations

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From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: 120000000019 Phone: (305)552-5973

Phone : (305)552-5973 Fax Number: : (305)220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

EL BUDARE DEL DORAL LLC

RECEIVED

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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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Electronic Filing Menu

Corporate Filing Menu

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
EL BUDARE DEL DORAL LLC (Must and with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
1136 NW 51 ten 11263 NW 51 ten Many 76 33178
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Plorida registration.)
The name and the Florida street address of the registered agent are:
JONATHAN MESTAYER
55 SO 651 APT 2704 # 8
Florida street address (P.O. Box NOT scceptable)
City, State, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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Citie: "MGR" = Manager	Name and Address:	
MGRM" ™ Managing Member MGR	JONATHAN MOSTAYER	
MGR	5550657 ADT #2704 Mani 713313	
11017	POLBOX 668125	
•		•
	the date of filing: (OPTIONAL)	
EV: Effective date, if other that fective date is listed, the date mu	n the date of filing:	
days after the date of filing.) REQUIRED SIGNATURE	sst be specific and cannot be more than five business days prior	Us the self

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)

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Typed or printed name of signee

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