

#L1000008742

Florida Department of State
Division of Corporations
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11 JAN 20 AM 9:43
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

To: Division of Corporations
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From: Account Name : LAZARUS CORPORATE FILING SERVICE,
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RECEIVED
11 JAN 20 PM 2:54
SECRETARY OF STATE
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FLORIDA LIMITED LIABILITY CO.
12550 BISCAYNE 704 LLC

Certificate of Status 1
Certified Copy 0
Page Count 03
Estimated Charge \$130.00

K. SALLY
EXAMINER
JAN 21 2011

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

12550 Biscayne 704, LLC

(Must end 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:

12550 Biscayne Blvd Suite 704, Miami, FL 33181

Same

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 Florida registration.)

The name and the Florida street address of the registered agent are:

Martin Lafate

Name

12550 Biscayne Blvd Suite 704

Florida street address (P.O. Box NOT acceptable)

Miami FL 33181

City, State, and Zip

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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..

[Handwritten Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Martin Lafata
1805 N Blyden Dr. 1805
Miami FL. 33132

MGRM

Santiago Zapata
9779 NW 32 St
Miami, Fla. 33172

(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:



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 that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Santiago Zapata

Typed or printed name of signee

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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