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Florida Department of State **Division of Corporations Electronic Filing Cover Sheet**

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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE Account Number : 12000000019 .: (305)552-5973 Phone : (305)220-1440 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. 12550 BISCAYNE 704 LLC

RECEIVED Hd **JAN 20**

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

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PAGE 02/03

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

12550 BISCAN

(Must end with the words "Limited Lizbility 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:

Sam

7550 В scar

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: -h .

. .

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

H11000016810

LAZARUS

PAGE 03/03

H11000016310

ARTICLE IV- Manager(s) or Managing Member(s); The name and address of each Manager or Managing Member is as follows:

Name and Address:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

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(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:	7
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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.)

ntiago Zapata Typed or printed name of signee

Filing Fees:

5125.00 Filling Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Page 2 of 2

H11000016810