Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Corporations Fax Number : (850)617-6383	FILEU R 28 AH
From:	Account Name : LAZARUS CORPORATE FILING SERVICE, Account Number : 12000000019	7: 4.1

: (305)552-5973 : (305)220-1440

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. 1502 H LLC

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C. LEWIS

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SECRETARY OF STATE
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
1502 H LL	C. C.				
(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:				
4635 NIW 75.T HIANI FL 23126	4635 NIW 76T HIAHI FL 33126				

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:

Name

Name

**Made Now 75.7*

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

**Miami FL 33/2 6

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..

Rogistered Agent's Signestire (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: AHASSEE, FLORIDA

	<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	HERH	GIOVANIA R. RODRIGUEZ 4635 N.W 7 S.T MIRHI FL 23126
•		
•	(Use attachment if necessary)	
(If an	ICLE V: Effective date, if other than the date effective date is listed, the date must be specified after the date of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior
	REQUIRED SIGNATURE:	<u>></u>
	Signature of a member o	zan authorized representative of a member.
	constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as	•
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Typed or printed name of signee