L12000076513

	(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:				
JUN 0 8 2012				
L. SELLERS				

Office Use Only



800235674258

06/07/12--01017--007 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	·		
•		Office Use Only	
CORPORATION NAME(S) & DO	CUMENT NUMBER(S), ((if known):	
1. 621 2	LC		
(Corporation Name)	(Document #)		
2		•	
(Corporation Name)	(Document #)		
· ·			
3. (Corporation Name)	(Document #)		
(3-1-)	(23.22.17		
4		·	
(Corporation Name)	(Document #)		•
Walk in Pick up tim	e 2.00	Certified Copy	
Mail out Will wait	Photocopy	Certificate of Status	
		,	
NEW FILINGS	AMENDMENTS		
☐ Profit	☐ Amendment		ė
Not for Profit		R.A., Officer/Director	
Limited Liability	Change of Reg		
Domestication Other	Dissolution/W Merger	ithdrawal	
Curci ,	— 14101801	~	
OTHER FILINGS	REGISTRATION	VOUALIFICATION PO	3
Annual Report	☐ Foreign	RET AHZ	2 -
Fictitious Name	Limited Partne		سعه سنا
	Reinstatement		•
	Trademark Other	OF STA E. FLOI	
	Comer	TATE ORIC	
•		A	
CR2E031(7/97)		Examiner's Initials	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
621	LLC			
ARTICLE II - Address: The mailing address and street address	s of the principal office of the Limited L	iability Company is:		
Principal Office Address:	Mailing Address:			
19400 TURNBERRY WAY #1421	19400 TURNBERRY WAY #14	21		
AVENTURA, FL 33180	AVENTURA, FL 33180			
	Name "URNBERRY WAY #821 la street address (P.O. Box NOT acceptable) Fil. 33180			
C	City, State, and Zip			
liability company at the place design registered agent and agree to act in the statutes relating to the proper and coaccept the obligations of my position.	nt and to accept service of process for the mated in this certificate, I hereby accept this capacity. I further agree to comply with implete performance of my duties, and I are not as registered agent as provided for in (he appointment as h the provisions of all m familiar with and		
Registe	Cleurica The red Agent's Signature			
	CONTINUED)	12 JUN -7 SECRETARY TALLAHASSE		

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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	VANESKA FERRIS
······································	19400 TURNBERRY WAY #821
	AVENTURA, FL 33180
MGR	VALESKA FERRIS
	19400 TURNBERRY WAY #821
	AVENTURA, FL 33180
•	
(Use attachment if necessary)	
NOTE: An additional article must b	e added if an effective date is requested.
REQUIRED SIGNATURE:	
l) ausva	Juis VV
	or an authorized representative of a member.
(In accordance with section of this document constitution that the facts stated her	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury ein are true.)
VANI	ESKA EERRIS

Typed or printed name of signee