## https://efile.smbic.org/scripts/efilcovr.exe

Division of Corporations Electronic Filing Cover Sheet

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To:	Division of Corporations Fax Number : (850)617-6383	L 25 AM
From:	Account Name : LAZARUS CORPORATE FILING SET Account Number : I2000000019 Phone : (305)552-5973	8: <b>95</b> - 1.090A - 2090 - 1.090A

\*\*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.

## 117 LLC

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

C. LEWIS

JUL 2 6 2012

**EXAMINER** 

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:

19800 NW. 86 CF miami, FZ 33015

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 (22.22 11: 12/14

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

miami FL 33015

Chy, 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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ARTICLE IV- Manager(s)	or Managing Member(s):	
The name and address of each	ch Manager or Managing Member is	s as follows: TARY OF STAT
Title: "MGR" = Manager "MGRM" = Managing Mem	Name and Address:	TALLAHASSEE, FLORII
MBRM - Managing Mem	1 Uis M. R. 19800 NW	odriquez 86 Ot
MORM	Loreta 19200 Nul m. uni, Fi	Nodarse 86 ct 33015
(Use attachment if necessary	<i>i</i> )	•
LE V: Effective date, if other ffective date is listed, the date days after the date of filing.	r than the date of filing: te must be specific and cannot be m	ore than five business days p
<u>REOUIRED</u> SIGNATURE		
Signature o	La member or an authorized representat	tive of a member.
(In accordar of this docu	nce with section 608.408(3), Florida Statute ment constitutes an affirmation under the p acts stated herein are true.)	es, the execution
4	Typed or printed manacoff signee	2

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)

Page 2 of 2