

L/2000117753

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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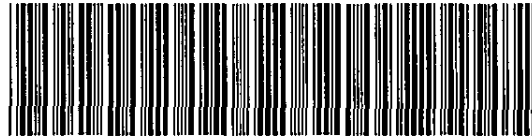
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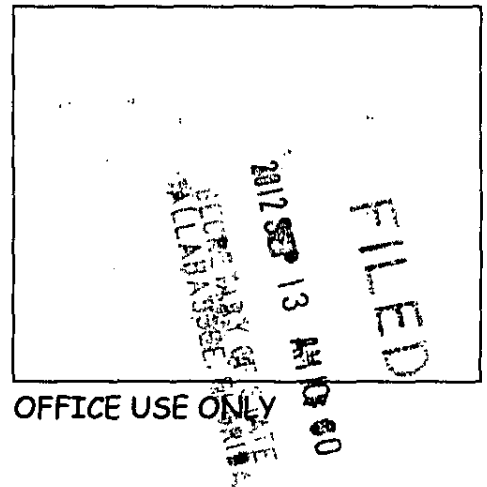
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WALK-IN

ENTITY NAME:

631-641 SW 12<sup>TH</sup> AVE., LLC

CK# 5803 FOR \$ 2720.00 (\$160.00 for this filing)

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

XXX CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION OF**  
**631-641 SW 12<sup>th</sup> Ave., LLC**

**ARTICLE I**  
**NAME**

The name of this Limited Liability Company shall be 631-641 SW 12<sup>th</sup> Ave., LLC (the "Company").

**ARTICLE II**  
**PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Company shall be 752 West Flagler Street, Suite 105, Miami, FL 33130 and such other place or places as the members from time to time may determine. The mailing address of the Company is 752 West Flagler Street, Suite 105, Miami, FL 33130.

**ARTICLE III**  
**INITIAL REGISTERED OFFICE AND**  
**REGISTERED AGENT**

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

**ARTICLE IV**  
**MANAGEMENT**

The Limited Liability Company is to be managed by one or more member and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 7<sup>th</sup> day of September, 2012, effective upon filing same with the Florida Department of State.

631-641 SW 12<sup>th</sup> Ave., LLC

BY:



ROBERT A. STAMEN

Authorized Representative

FILED  
2012 SEP 13 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is:

2. The name and address of the registered agent and office is:

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..

By: Robert A. Stamen  
Robert A. Stamen, Vice President

Date: September 7, 2012