

10/22/2012 11:48 AM 303-530-9409

Division of Corporations

LAMONT NEIMAN

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

From:

Account Name : LAMONT NEIMAN & INTERIAN, P.A.
Account Number : 120000000051
Phone : (305) 530-9400
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Email Address: alidaovalles16@hotmail.com

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FLORIDA LIMITED LIABILITY CO.
ESPI 12600 SW 120 ST UNIT 11, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ESPI 12600 SW 120 ST UNIT 11, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

4707 SW 183rd Avenue
Miramar, Florida 33029

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Alida B. Espinoza
4707 SW 183rd Avenue
Miramar, Florida 33029

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 608, F.S..

REGISTERED AGENT

ALIDA B. ESPINOZA


Alida B. Espinoza

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ARTICLE IV- Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager - managed company.

The initial managers for the company shall be:

Alida Espinoza B.
Andres Espinoza
Alidett Espinoza C.

(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.)



Alida B. Espinoza, Authorized representative
of Member

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