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(((H130001630903)))



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To:

Division of Corporations

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From:

Account Name

: LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019

: (305)552-5973

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Ç, **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. **GUARDIAN PROPERTIES LLC**

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ARTICLE 1 - Name:

The name of the Limited Liability Company is:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<u>Guardian</u> F	roperties	LLC	
(Must end with the words "Limited Llai	bility Company, "I.L.C" or "L	LC.")	
ARTICLE II - Address: The mailing address and street address of the	principal office of the L	imited Liability Company is	s:
Principal Office Address:	Mailing Address:		
ARTICLE III - Registered Agent, Registered Company cannot serve as its own Registered sentity with an active Florida registration.) The name and the Florida street address of the	zistered Agent. You must design		T)
	L AZEL	- SS	
8725 SW	•	ptable)	
M IAM 1 City, State	FL 33173	•	
	•		

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 (REQUAED)

(CONTINUED)
Page 1 of 2

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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: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) 11. ARTICLE V: Effective date, if other than the date of filing: _ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

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