# \*L/3000/3/457

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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Seventeen Four Zero, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arnem	anuez		
		Name of Person	
		Firm/Company	
14-484	9		
		Address	
Coral G	Sables, FI 331	14-4849	
<del></del>	Cit	y/State and Zip Code	
	E-mail address: (to be used i	for future annual report notification)	
For further information	concerning this matter, please	call:	
Name	of Person	_ at () Area Code & Daytime Tele	phone Number
7.4	VI I GIVAN	7 red Code & 17dyrillo 1010	privite i vario e
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status a Certified Copy (additional copy is enclos

### **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMF

ARTICLE 1 - Name:	
The name of the Limit	ed Liability Company is:



Seventeen Four Zero, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

Principal Office Address:	Mailing Address:
6916 N. Milam Dairy Road	14-4849
Miami, Fl 33/66	Coral Gables, FI 33114-4849
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
The name and the Florida street address of th	ne registered agent are:
Al Hernandez	GALL S
Na	me P
6916 N. Milam Dairy Road	address (P.O. Box NOT acceptable)
Florida street	address (P.O. Box NOT acceptable)
Miami,	FL 33166
City	, State, and Zip
liability company at the place designated registered agent and agree to act in this cap all statutes relating to the proper and comp	to accept service of process for the above stated in this certificate, I hereby accept the appointme pacity. I further agree to comply with the provis plete performance of my duties, and I am familia s registered agent as provided for in Chapter 60.

(CONTINUED)

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:

"MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	Irene Hernandez
	6916 N. Milam Dairy Road
	Miami, Fl
MGR	Al Hernandez
	6916 N. Milam Dairy Road
	Miami, FI
<del></del>	
ffective date is listed, the date or 90 days after the date of the	ate must be specific and cannot be more than five filing.)
ffective date is listed, the date of for 90 days after the date of for 90 days after the date of for 10 days after the date of for 10 days after the days af	ate must be specific and cannot be more than five filing.)
ffective date is listed, the date of 6 or 90 days after the date of 6 REQUIRED SIGNATURE:  Signature of (In accordance with seconstitutes an affirmat I am aware that any fa	a between an authorized representative of a member.  ection 608.408(3). Florida Statutes, the execution of this documition under the penalties of perjury that the facts stated herein are this information submitted in a document to the Department of Stree felony as provided for in s.817.155. F.S.)

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)