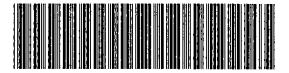
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SEP 16 PH 5: 06
SECTION OF STATE

K.SALY EXAMINER SEP 17 2013

#### COVER LETTER

TO: **Registration Section Division of Corporations** Twenty Five Two Five, 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: Al Hernandez Name of Person Firm/Company 14-4849 Address Coral Gables, FI 33114-4849 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (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

The name of the L	me:	EFF	ECTIVE
	imited Liability Company	is: 2	3.20/3
Twenty Five Two Five			
(M	ust end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - A	ldress:		
		principal office of the Limited Li	ability Comp
J		•	
Principal Office A	<u>Address:</u>	Mailing Address:	
6916 N. Milam Dairy R	load	14-4849	
Miami, FI 33160		Coral Gables, Fl 33114-4849	
The name and the	C		
The name and the	Florida street address of the Al Hemandez	ne registered agent are:	13 SE
The name and the	Al Hemandez	ne registered agent are:	13 SEP I
The name and the	Al Hernandez Na		13 SEP 16
The name and the	Al Hernandez Na 6916 N. Milam Dairy Road	me	FILED  13 SEP 16 PH  SEGNETARY OF FALLAHASSEE.
The name and the	Al Hemandez Na 6916 N. Milam Dairy Road Florida street	address (P.O. Box <u>NOT</u> acceptable)	FILED  13 SEP 16 PH 5:  SECTE LANY OF ST FALLWHASSEE, FLO
The name and the	Al Hemandez Na 6916 N. Milam Dairy Road Florida street	me	FILED  13 SEP 16 PH 5: 06 SECRETARY OF STATE FALLAHASSEE, FLORID

(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:

PAAL 1119 on RAGO on an	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Mem	ıber
MGR	Irene Hernandez
	6916 N. Milam Dairy Road
	Miami, FI
MGR	Al Hernandez
<del> </del>	6916 N. Milam Dairy Road
	Miami, Fl
	<del></del>
40-110 (2-1-110) - 12-1-12-13-1-13-1-13-1-1-13-1-1-13-1-1-13-1-1-13-1-1-13-1-1-13-1-1-13-1-1-13-1-1-13-1-1-13	<del></del>
/Llea attachment if nagaccam	
(Use attachment if necessary	y)
LE V: Effective date, if other	or than the date of filing: September 9, 2013 .(OPT
effective date is listed, the d	date must be specific and cannot be more than five b
effective date is listed, the d	date must be specific and cannot be more than five b
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effective date is listed, the coor 90 days after the date of	date must be specific and cannot be more than five be filing.)
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effective date is listed, the coor 90 days after the date of REQUIRED SIGNATURE	date must be specific and cannot be more than five b f filing.)  E:  of a nember or an authorized representative of a member.
effective date is listed, the control of the date of t	date must be specific and cannot be more than five be filling.)  E:  of a number or an authorized representative of a member.  section 608.408(3). Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are tri
effective date is listed, the coor 90 days after the date of EREQUIRED SIGNATURI Signature of (In accordance with constitutes an affirm I am aware that any	date must be specific and cannot be more than five be filling.)  E:  of anember or an authorized representative of a member.  section 608.408(3). Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are trifalse information submitted in a document to the Department of Statutes.
ffective date is listed, the composition or 90 days after the date of the date of the days after the date of the days after the date of the days after the d	of a nember or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution of this document nation under the penalties of perjury that the facts stated herein are trufalse information submitted in a document to the Department of State egree 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)