Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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		To:		
			Division of Corporations	
•	•	٠	Fax Number : (850)617-6383	
		From:		
			Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
			Account Number : I20000000019	
	_	· 4	Phone : (305)552-5973	
	30	್ಷವಿ	Fax Number : (305)220-1440	
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ii) 스	201	Enter the	email address for this business entity to be used for future	_
	-	أغرابية الأسلام الأسام	report mailings. Enter only one email address please. **	•
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	ഹ	اسپيد د وده	FLORIDA LIMITED LIABILITY CO.	

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Estimated Charge	\$130.00

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Help

H13000256162

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED I	LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:		
122 Bortv L		
(Must end with the words "Limited Liabili	ry Company, "L.L.C.," or "LI	.C.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Li	mited Liability Company is:
Principal Office Address:	Mailing Address:	
4953 NW 94th	4953 NW	94th Doal PL
Ocal PL	Poral FL	33178
Doral FL 331 18		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered ered Agent. You must design	l Agent's Signature: ate an individual or another
The name and the Florida street address of the r	egistered agent are:	
Alexander I	loria	
Name	-1-/	
4953 NW 94		·
	Iress (P.O. Box NOT acce	ptable)
Social FL	FL 33/78	,
City, State, a	ind Zip	
Having been named as registered agent and to liability company at the place designated in the company at the compa	accept service of proce his certificate. I hereby	ss for the above stated limited accept the appointment as
registered agent and agree to act in this capacit	y. I further agree to co	mply with the provisions of all
statutes relating to the proper and complete pe	rrformance of my dutie.	s, and I am familiar with and
accept the obligations of my position as regi	stered agent as provide	ed for in Chapter 608, F.S.
A) in	13.	201: TAL
Reginered Agent's Signa	rure (REQUIRED)	BNOV 19
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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:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM	Alexander Boria 4953 NW 94th Doral PL Doral FL 33178
(Use attachment if necessary)	· ·
ARTICLE V: Effective date, if other than the	
(If an effective date is listed, the date must b to or 90 days after the date of filing.)	e specific and cannot be more than five business days prior
<u>REQUIRED</u> SIGNATURE:	
	121903.
Signature of a memo	er or an authorized representative of a member.
constitutes an affirmation under that any fairs inform	18.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. I mation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)