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.

(((H14000025151 3)))

H140000251513ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

(T

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)220-1440

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LLEMail Address:

## FLORIDA LIMITED LIABILITY CO. 420 HIBISCUS VENTURE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

## H14000025151

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPA	NY		
ARTICLE I - Name: The name of the Limited Liability Company is:			
420 Hibiscus Venture LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC	Σ.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company	is:	•	
Principal Office Address: Mailing Address:			
7900 SW 74 PL 7900 SW 70 MIAMI FL 331	, PI	<del></del>	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate another business entity with an active Florida registration.)	an indi	vidual o	r
The name and the Florida street address of the registered agent are:			
Alexandar Gort.			
Name			
7900 SW 74 PL			
Florida street address (P.O. Box NOT acceptable)			
MIAMI FL 33143			
Naving been named as registered agent and to accept service of process for the above stated time the place designated in this certificate, I hereby accept the appointment as registered agent at capacity. I further agree to comply with the provisions of all statutes relating to the proper and of my duties, and I am familiar with and accept the obligations of my position as registered agency Chapter 605, F.S	nd agree l comple	i to act i te perfoi	n this rmance
Registered Agent's Signature (REQUIRED)			
(CONTINUED)			
Page I of 2	SECRETARY TALLAHASSI	2014 JAN 31	F

H14000025151

## H14000025151.

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Anna Cristina Gort
MGR	Alexander fort
:	7900 SW 79 PL MIAMI FL 33143
-	
(Use attachment if necessary)	
effective date is listed, the date must be ste of filing.)	date of filing:
effective date is listed, the date must be	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
effective date is listed, the date must be ste of filing.)	date of filing:
effective date is listed, the date must be ste of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90 day
effective date is listed, the date must be ofte of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation of a may are that any false.)	member or an authorized representative of a member.  ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.)
effective date is listed, the date must be ofte of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a  (In accordance with section constitutes an affirmation of a may are that any false.)	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, the information submitted in a document to the Department of State.
effective date is listed, the date must be of filling.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with sectic constitutes an affirmatic 1 am aware that any fais constitutes a third degree (A)  \$125.00 Filling Fee for Articles of	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, is information submitted in a document to the Department of State information submitted in a submitted in a document to the Department of State information submitted in a submitted in a submitted in a fact that the facts stated herein are true, is information submitted in a submitted in a fact that the facts stated herein are true, is information submitted in a fact that the facts stated herein are true.  If the fact is the fact is the fact is the fact that the facts stated herein are true.  If the fact is the fact is the fact is the fact that the fact is the
effective date is listed, the date must be ate of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmatical am aware that any false constitutes a third degre	member or an authorized representative of a member. ion 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, see information submitted in a document to the Department of State stellony as provided for in s.817.155, F.S.)  LLONGAY GOY+  Typed or printed name of signee  Filing Fees: Organization and Designation of Registered Agent  []

FILED

OH, JAN 31 AM 7: 34

SECRETARY OF STATE