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SECRETARY OF STATE

FEB 2 5 2014

T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 1579 nw 68th street, lic		
Name of Lin	nited Liability Company	
The enclosed Articles of Organization and fee(s) ar	re submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Zildete Alemao	Name of Person	
	Name of Person	
	Firm/Company	
1521 alton rd#212		
	Address	
minniharah 800400		
miami beach, fl 33139	Sity/State and Zip Code	
cella01@hotmail.com		
E-mail address: (to be used	d for future annual report notifica	tion)
For further information concerning this matter, plea	ase call:	
Zildete Alemao at (;		
Name of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for the following amount:		
	D	□•
☐ \$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 & Certified Copy (additional copy is enclosed)
Mailing Address	Street/Courier Addi	
Registration Section	Registration Section	
Division of Corporations	Division of Corporat	ions
P.O. Box 6327	Clifton Building	0' 1
Tallahassee, FL 32314	2661 Executive Cent	er Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	70 F
1579 nw 68th street, Ilc	2 7
(Must end with the words "Limited Lia	bility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office	bility Company, "L.L.C.," or "LLC.") (5)
Principal Office Address:	Mailing Address:
	1521 alton rd#212 Miami Beach Fl. 33139
(The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered age	
Zildete Alemao Name	
Name	
1521 Atton rd apt.212	
Florida street address (P.O. Box NO	<u>PT</u> acceptable)
miami beach	FL 33139
City	Zip
llaving been named as registered agent and to accept service the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of al of my duties, and I am familiar with and accept the obligat Chapter 6	e appointment as registered agent and agree to act in this Il statutes relating to the proper and complete performance tions of my position as registered agent as provided for in

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	
sole mbr	Zildete Alemao 1521 Alton rd#212
	1521 Alton rd#212
	Miami Beach, Fl. 33139
	
Use attachment if necessary)	
V: Effective date, if other than the date entire date is listed, the date must be specified.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
f filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
filing.) VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or
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filing.) VI: Other provisions, if any. REQUIRED SIGNATURE:	
Filing.) VI: Other provisions, if any. REQUIRED SIGNATURE: 2 Illite blue	moū
REQUIRED SIGNATURE: 3 July 1 Signature of a mer	Μου mber or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60:	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60: constitutes an affirmation under I am aware that any false inforr	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
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REQUIRED SIGNATURE: 3	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.) Chamber Typed or printed name of signee Filing Fees:

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