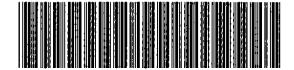
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(Re	equestor's Name)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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APR - 4 2014 T. BROWN

COVER LETTER

TO:	Registration Division of C	Section Corporations	V ;	•
SUBJE	CCT: <u>7850</u>	LLC Name of Lin	nited Liability Company	
		of Organization and fee(s) as	_	
Please	return all corre	spondence concerning this m	atter to the following:	
	HUMBE	RTO DAVID HERNANDEZ	7	
			Name of Person	
	7850 LL	<u>c</u>	Firm/Company	
	7850 HA	ARDING AVE, Apt. 8A	Address	
	MIAMI BI	EACH, FL 33141	ity/State and Zip Code	
<u>_h</u>	umbertodheri		d for future annual report notifica	tion)
For fur	ther informatio	n concerning this matter, plea	ise call:	
<u>HUM1</u>		D HERNANDEZ at (_ ne of Person	305) 788-8319 Area Code Daytime Tel	cphone Number
Enclos	ed is a check fo	or the following amount:		
진 \$125 .0	0 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)
	<u>Mai</u>	iling Address	Street/Courier Add	ress

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

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

ART	TCLES OF ORGANIZATION	FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limite	ed Liability Company is:	PR-2
7850 LLC		
	Must end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addre The mailing address an		ipal office of the Limited Liability Company is:
Principal Office Addi	·ess:	Mailing Address:
7850 HARDING AV Apt. 8A MIAMI BEACH, FL		3120 SW 140TH AVE MIAMI, FL 33175
	with an active Florida regineral regineral with an active Florida regineral	stered agent are:
	3120 SW 140TH AVE Florida street address (P.O.). Box NOT acceptable)
	MIAMI City	FL 33175 Zip
the place designate capacity. I further as	d in this certificate, I hereby gree to comply with the prov	ept service of process for the above stated limited liability company at accept the appointment as registered agent and agree to act in this isions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in Chapter 605, F.S

(CONTINUED)

Page 1 of 2

<u> Citle:</u>	Name and Address:
AMBR" = Authorized Member	
MGR" = Manager " MGR "	HUMBERTO DAVID HERNANDEZ
MOPAL TO THE PART OF THE PART	3120 SW 140TH AVE
	MIAMI, FL 33175
" AMBR "	HUMBERTO DAVID HERNANDEZ
1,,,,,,,,	3120 SW 140TH AVE
	MIAMI, FL 33175
	
	
V: Effective date, if other than the dat tive date is listed, the date must be s	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
V: Effective date, if other than the date tive date is listed, the date must be soldling.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
Use attachment if necessary) EV: Effective date, if other than the date ctive date is listed, the date must be spring.) EVI: Other provisions, if any. REQUIRED SIGNATURE:	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
CV: Effective date, if other than the date ctive date is listed, the date must be so filling.) CVI: Other provisions, if any. REQUIRED SIGNATURE:	pecific and cannot be more than five business days prior to or s
EV: Effective date, if other than the date ctive date is listed, the date must be specifiling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a man (In accordance with section 6 constitutes an affirmation und I am aware that any false info	rember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true. rmation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be specifing.) EVI: Other provisions, if any. Signature of a man (In accordance with section 6 constitutes an affirmation und I am aware that any false inforcements of the constitutes a third degree felocometic date.	ember or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document terms the penalties of perjury that the facts stated herein are true.

Page 2 of 2