

C14 00092678

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.

((H14000132442 3)))



H140001324423ABCV

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

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I200000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

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

Email Address: _____

2014 JUN -9 PM 9:05

FILED

**FLORIDA LIMITED LIABILITY CO.
STAB PROPERTIES OF BROWARD LLC**

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

RECEIVED

14 JUN -9 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 10 2014

T CLINE



June 9, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: STAB PROPERTIES OF BROWARD LLC
REF: W14000035431

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet:

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline
Regulatory Specialist II

FAX Aud. #: H14000132442
Letter Number: 014A00012309

RECEIVED

14 JUN -9 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUN 9 AM 9:05
STATE
TALLAHASSEE, FLORIDA

FILED

H14000132442

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "L.L.C.")

STAB PROPERTIES of BROWARD LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1401 SOUTH SURF ROAD
HOLLYWOOD - FLORIDA 33019

CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 JUN -9 PM 9:05

FILED

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

STABINSKI & FUNT P.A.
757 NW 27 AVE 3RD FLOOR
MIAMI - FLORIDA 33125

ARTICLE IV:

The name and title of each person authorized to manage and control the Limited Liability Company:

Luis STABINSKI (MGRM)
AND
Bella STABINSKI (MGRM)

H14000132442

H140001324421

Required Signatures:


Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Typed or printed name of signer

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

H140001324421