

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.

(((H140001401393)))



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 : CORP USA

Account Number: 072450003255

: (305)634-3694

Fax Number

: (786)409-5946

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

Email Address:

## FLORIDA LIMITED LIABILITY CO. CALISACK LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY JUN 1 3 2014

https://ofile.sunbiz.org/scripts/efilcovr.exe

PAGE 01/03

A2UO

6/12/2014

9696889908

40:91 pt02/21/90

Milder Andrews Andrews



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I

The Name of the Limited Liability Company shall be:

### CALISACK LLC

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

#### ARTICLE III

The mailing address and street address of the principal office of the limited liability company is: 7900 NW 155<sup>TH</sup> STREET STE 201, MIAMI LAKES, FL 33016

#### ARTICLE IV

The name of the Manager(S) shall be:

JULIANA BRYDON 7900 NW 155<sup>TH</sup> STREET STE 201 MIAMI LAKES, FL 33016

#### ARTICLE V

The name and Florida street address of the registered agent shall be:

JOSEPH M. BRYDON 7900 NW 155<sup>TH</sup> STREET STE 201 MIAMI LAKES, FL 33016

#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

ALISACK LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Registered Agent

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

(In accordance with section cos assertion Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee