(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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06/20/14--01027--011 **130.00

EFFECTIVE DATE 06/18/14

JUN 2 4 2014 , BKUU

COVER LETTER

TO: Registration Section Division of Corporation				
subject: <u>8290</u>		e # 450, LLC		
	Name of Em	nica Elabiniy Company		
The enclosed Articles of Orga	anization and fee(s) ar	e submitted for filing.		
Please return all corresponder	nce concerning this ma	atter to the following:		
	Emanucle	De Malfinery Name of Person		
		IR		
		Firm/Company		
288	20 NW 108	Avenoe		
		Address		
n	Wani, El	1. 33172 ity/State and Zip Code 2010 Com Tor future annual report notifica		
	C	ity/State and Zip Code		
<u>e</u>	manuela uj	ogla.com	tion)	
			interest	201
For further information conce	rning this matter, plea	se call:		= 1
Emanuele De 1	nothing at	786 362-973 Area Code Daytime Tel	WASSE ASSE	200
Name of Pe	erson O	Area Code Daytime Tel	enhone Number 😁 🗕	
Enclosed is a check for the fo	llowing amount:		THE STATE OF	processor.
□ \$125.00 Filing Fee □\$13	30.00 Filing Fee & ertificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	•
			(and the voly is enclosed)	
Mailing Ad		Street/Courier Addr	<u> </u>	
Registration Division of	Section Corporations	Registration Section Division of Corporations		
P.O. Box 63	327	Clifton Building		
Tallahassee	, FL 32314	2661 Executive Cent	er Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
8290 Lake Driv	e#450. LLC
(Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2820 NW 108 Avenge Mianie, H. 33172	Game as principal
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an individual or
The name and the Florida street address of the registered	agent are:
Emanuele De Name	Mastenes
Name	
21820 NW 108	
Florida street address (P.O. Box	
Miami	FL 33172
City	Zip
the place designated in this certificate, I hereby accep capacity. I further agree to comply with the provisions of my dutics, and I am familiar with and accept the ob	rvice of process for the above stated limited liability company at of the appointment as registered agent and agree to act in this of all statutes relating to the proper and complete performance ligations of my position as registered agent as provided for in
Chap	ter 605, F.S.
Registered Agent's Signa	ture (REQUIRED)
(CONTINU	
Page 1 of 2	DA 44

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager "GR"	Emanuele De Mastenez 2820 NW 108 Avenue		
MGR	Yunida Gabino 2820 NW 108 Avence Miame, H. 33172	· ·	
(Her attachment if pagescare)			
(Use attachment if necessary)	<i>(</i> , <i>t</i> ,		
LE V: Effective date, if other than the date of	cific and cannot be more than five business days prior to or 9	90 days	aj
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.)	of filing: 06/18/2014 (OPTIONAL) cific and cannot be more than five business days prior to or s	00 days	aj
LE V: Effective date, if other than the date of fective date is listed, the date must be spect of filing.)	cific and cannot be more than five business days prior to or 9	00 days	af
LE V: Effective date, if other than the date of ffective date is listed, the date must be spect of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform	cific and cannot be more than five business days prior to or 9	00 days	af
LE V: Effective date, if other than the date of ffective date is listed, the date must be spect of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform	cific and cannot be more than five business days prior to or some state of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. In the penalties of perjury that the facts stated herein are true. In a provided for in s.817.155, F.S.) 1. M. M. Dalsing Typed or printed name of signee	00 days	af
LE V: Effective date, if other than the date of fective date is listed, the date must be special of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (In accordance with section 605 constitutes an affirmation under 1 am aware that any false inform constitutes a third degree felony	inher or an authorized representative of a member. 1.0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. The penalties of perjury that the Department of State as provided for in s.817.155, F.S.)	00 days	aj

Page 2 of 2

