

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.

(((H14000151874 3)))



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

	J-										
			То:	Divisio Fax Num			ons 617-6383	ķ		2014	
			From:	Phone Fax Num	Number ber	: (305) : (786)	50003255 634-3694 409-5946	5	·	JUN 24 AM 10: 5 /	
	En	annuð	email l report Address	; mailing	for this s. Ente	s busine r only (ss entit one email	y to be a Laddress	used for fu please.	iture: O	7
	F	£.IRA1.1	Address								
]	FLORID		ITED L. MACH		'Y CO .			
IVED	JUN 24 PM 4: 53	Z OF STATE SEE. FLORIDA	الحالي الحالي	ertificate c ertified Cc age Count stimated C	ру			0 1 03 55.00	765	60	
RECEIVED	14 JUN 24	DEORETAR									
	Electronic Filing Menu Corporate Filing Menu							Help	TUN 2:5 2014		
https://efil	o.sunbiz.	org/scripts/	tilcovr.exe), BRI	JUL

2.4

20:91 1000/00/00

3026333668

<form><form><form><form><form><form><form><form><form><form><form><form></form></form></form></form></form></form></form></form></form></form></form></form>	
ARTICLE 1- Name: Improve of the Limited Liability Company is: Improve of the Limited Liability Company, "L.L.C.," or "LLC." Improve of the Limited Liability Company, "L.L.C.," or "LLC." Improve of the Limited Liability Company, "L.L.C.," or "LLC." Improve of the Limited Liability Company, "L.L.C.," or "LLC." Improve of the Limited Liability Company is: Improve of Linited Liability Company is: Improve of Canal Gallity Company is: Improve of Canal Gallity: <th></th>	
The name of the Limited Liability Company is: LIFT MACH LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") Matter and with the words "Limited Liability Company, "L.L.C.," or "LLC.") MATICLE 11 - Address: The mailing address and suret address of the principal office of the Limited Liability Company is: Principal Office Address: Mailing Address Mailing Address STE, 577 CORAL GABLE, FL 33134 ARTICLE III - Registered Agent. Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot sorve as its own Registered Agent. You must designate on individual or another business entity with an active Florida registerial agent are: LUIS G. SANCHEZ Name 1625 PONCE DE LEON BLVD, SUITE 577 Florida street address (P.O. Box NOT acceptable) City Zip Having been named as registered und to accept searcles of process for the advres stand limited liability company of the gapuidment as registered agent as provided for in Chapter of Stand Kegistered Agent 's Signature (REOUTRED) Kegistered Agent's Signature (REOUTRED) <td< td=""><td></td></td<>	
(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 office of the Limited Liability Company is: Principal Office Address: Mailine Address: STE. 577 CORAL GABLE, FL 33134 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company connot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registered agent are: LUIS G, SANCHEZ Name 1825 PONCE DE LEON BLVD, SUITE 577 Florida street address of the registered of process for the above stated limited liability company at the place designate address (P.O. Box NOT acceptable) City Zig Having been named as registered agent und to accept service of process for the above stated limited liability company at the place designate of comply with the providue of all statutes relating to the project and complex performance of any statutes, and the Storigitary science the abligations of my position as registered agent as provided for in Chapter 60% S.S. Maximum been named as registered agent und to accept the abpointment as registered agent and agree to card in this company of the place designate of comply with the providue of all statutes relating to the project and complex performance of any statutes, and t am familiar with and accept the abligations of my position as registared agent as provided for in Chapter 60% S.S	
(Must end with the words "Linited Liability Company, "L.L.C." or "LLC.") ARTICLE II - Address: The mailing address and street address of the principal office of the Linited Liability Company is: Principal Office Address: Mailine Address: 1225 PONCE DE LEON RLVD STE, 577 CORAL GABLE, FL 33134 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Linited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business eating with an active Florida registered agent are: LUIS G. SANCHEZ Name 1825 PONCE DE LEON BLVD, SUITE 577 Florida street address (P.O. Box NOT acceptable) CORAL GABLES YL 33134 City Zig Having been named as registered agent and to accept service of process for the above stated linited liability company at the place designate on comply with the providue of all statest relating to the proper and complex performance af any states of the appointment as registered agent as provided for in Chapter 605, S.S. Maving been named as registered agent and accept the abpointment as registered agent and agree to comply with the providue and all statest relating to the proper and complex performance af any states of S.S.	
The mailing address and street address of the principal office of the Linuted Liability Company is: Principal Office Address: Mailian Address: 1825 PONCE DE LEON RLVD SAME STE, 677 SAME CORAL GABLE, FL 33134 SAME ARTICLE III - Registored Agent. Registored Office, & Registered Agent's Signature: Interview of the provide a registered Agent. You must designate an individual or another business entity with an active Florida registered agent are: LUIS G. SANCHEZ Name 1825 PONCE DE LEON BLVD, SUITE 577 Florida street address of the registered agent are: LUIS G. SANCHEZ Name 1825 PONCE DE LEON BLVD, SUITE 577 Florida street address (P.O. Box NOT acceptable) CORAL GABLES PL 33134 City Zip Having been named as registered agent cut to accept service of proce was for the adverse stated finited liability company at the place designated as registered agent and to accept the appointment as registered agent and agence to act in this completions of all statutes relating to the proper and complete performance of my dutles, and I am familiar with and accept the abgrade of my pastilen as registered agent as provided for in Chapter 605 AS. Kegistored Agent's Signature (REQUIRED) Registered Agent's Signature (REQUIRED) Registored Agent's Signature (REQUIRED) Registered Agent's Signature (REQUIRED)	
1825 PONCE DE LEON RIVD SAME CORAL GABLE, FL 33134 Same ARTICLE III - Registered Agent. Registered Office, & Registered Agent. You must designate on individual or another business entity with an active Floridu registration.) The name and the Florida street address of the registered agent are: LUIS Q. SANCHEZ Name 1825 PONCE DE LEON BLVD. SUITE 577 Florida street address (P.O. Box NOT acceptable) City Zip Having been named as registered agent and complex guarties of another or gistered agent and the provisions of ony position as registered agent as provided for in filled in this complex with and accept as of your position as registered agent as provided for in Chapter of Case. Kegistered Agent's Signature (REQUIRED) LOCOLAR Agent's Signature (REQUIRED) Lopar of Case. Kegistered Agent's Signature (REQUIRED)	
STE. 677 CORAL GABLE, FL 33134 ARTICLE III - Registered Agent. Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Floridu registration.) The name and the Florida street address of the registered agent are: LUIS G. SANCHEZ Name 1825 PONCE DE LEON BLVD, SUITE 577 Florida street address (P.O. Box NOT acceptable) City Zip Having been nameid as registered agent and to accept service of process for the above stated limited liability company at the place designated in this conflicture. I hereby accept the appointment as registered agent and agree to act in this capacity. Justice, and I am familiar with and accept the ubligations of my position as registered agent as provided for in Chapter 605 AS. Kegistored Agent's Signature (REQUIRED) Registored Agent's Signature (REQUIRED) Pagel 012	
CORAL GABLE, FL 33134 ARTICLE III - Registered Agent. Registered Agent - Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida 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.) The name and the Florida street address of the registered agent are: LUIS G. SANCHEZ	
LUIS G. SANCHEZ	
Name 1825 PONCE DE LEON BLVD, SUITE 577. Florida street address (P.O. Box NOT acceptable) CORAL GABLES FL 33134 City Zip Having boon 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 hardy accept the appointment as registered agent and agree to act in this cupacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duttes, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 605 CS. Registered Aneul's Signature (REQUIRED) (CONTINUED) Pagel of2	
1825 PONCE DE LEON BLVD, SUITE 577. Florida street address (P.O. Box NOT acceptable) CORAL GABLES FL 33134 City Zip 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 uct in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duttes, and I am familiar with and accept the abligations of my position as registered agent as provided for in Chapter 605 CS. Continued Continued Registored Ageut's Signature (REQUIRED) The place Pagel of2 Pagel of2	
Florida street address (P.O. Box <u>NOT</u> acceptable) <u>CORAL GABLES</u> <u>FL 33134</u> <u>City</u> <u>Zip</u> Having boon 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 duites, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, S. Registered Agent's Signature (REQUIRED) (CONTINUED) Pagel 0/2	
CORAL GABLES FL 33134 City Zip 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. If in the arge to comply with the provisions of all statutes relating to the proper and complete performance of my duttes, and I am familiar with and accept the abligations of my position as registered agent as provided for in Chapter 605. Content of the Signature (REQUIRED) Keglistored Agent's Signature (REQUIRED) Pagel ol2	
City Zip Having been named as registered agent and to necept 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 agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, I.S Registered Agent's Signature (REQUIRED) (CONTINUED) Pugel 012	
the place designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this cupacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duttes, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, S Registered Agent's Signature (REQUIRED) (CONTINUED) Page1 012	
Registered Agent's Signature (REQUIRED)	
a set	20
a set	~
a set	2 auto
OF STATE TOKID	2
し。 51、 10:57	Ft
	and the second

9696669906 27:91 \$026939696

•

ARTICLE IV-

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

Name and Address: <u>Title:</u> "AMBR" - Authorized Member "MGR" = Manager LUIS & SANCHEZ MGR 1825 PONCE DE LEON BLVD. STE. 577 CORAL GABLE, FL 33134 (Use anachment if necessary) ARTICLE V: Effective date, if other than the date of filing: _ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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.) S. G. SANCHER. Typed or printed name of signee 2014 JUN 24 SUS PARY OF AM 10: 5 1 414020151874

27:91 7102/22/90

3026333688