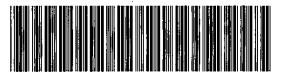
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	ECT: <u>LIMO MIAMI, L.L.C.</u> Name of Lir	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	atter to the following:	
	RICHARD C, WOLFE	Name of Person	
	WOLFE LAW MIAMI	Firm/Company	
	175 SW 7TH STREET, SUITE 241	O Address	
	MIAMI, FLORIDA 33130	City/State and Zip Code	
אַר	volfe@wolfelawmiami.com E-mail address: (to be use	d for future annual report notifica	ition)
For fur	ther information concerning this matter, plea	ase call:	
Richa	rd C. Wolfe at (at (at (at (305) 384-7370 Area Code Daytime Tel	lephone Number
_	ed is a check for the following amount: 00 Filing Fee \$\sum_{\text{\$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)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
LIMO MIAMI, L.L.C. (Must end with the words	"Limited Liability Company, "L.L.C.," or	'LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr				
Principal Office Address:	Mailing Address:			
175 SW 7th Street, Suite 2410 Miami. Florida 33130	175 SW 7th Street, Suite 24 Miami, Florida 33130	175 SW 7th Street, Suite 2410 Miami, Florida 33130		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve a another business entity with an active Florida rether the name and the Florida street address of the results.	s its own Registered Agent. You must design egistration.)			
Richard C. Wolfe, Es				
	Name			
175 SW 7th Street, S Florida street address (uite 2410 P.O. Box <u>NOT</u> acceptable)			
Miami	FL 33130			
City	Zip			
Having been named as registered agent and to the place designated in this certificate, I here capacity. I further agree to comply with the pr of my duties, and I am familiar with and acce	eby accept the appointment as registered ago rovisions of all statutes relating to the prope	ent and agree to act in this r and complete performance		
Registered Agen	nt's Signature (REQUIRED)			
(CC	ONTINUED)			
	Page 1 of 2			

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR/amber	Ana Cordero
	175 SW 7th Street, Suite 2410
	Miami, Florida 33130
ambr	Patrick Cordero
	175 SW 7th Street, Suite 2410
	Miami, Florida 33130
ambr	Freddy Castro
	175 SW 7th Street, Suite 2410
	Miami, Florida 33130
ambr	Antonio De Jesus Cortes
	175 SW 7th Street, Suite 2410
	Miami, Florida 33130
(Use attachment if necessary)	
•	
LEV: Effective date, if other than the o	date of filing: (OPTIONAL)
ffective date is listed, the date must be e of filing.)	e specific and cannot be more than five business days prior to or 90 days af
•	
CLE 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.)

RICHARD C. WOLFE, ESQ.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)