Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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FLORIDA LIMITED LIABILITY CO. 11600 PROPERTY LLC

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

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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, "L.L.C.," or "LLC.")

11600 Property

<u> ARTICLE II - Address:</u>

The mailing address and street address of the principal office of the Limited Liability

Company is: P:11400 SW 183 ST Miami FL 33157

M. 5320 N.W 4Th ST

MIAMI FL 33126

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.)

Habib Geagea 11600 SW 1835T MIAMI FL 33157

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

Habib Geagea (Mgrm)

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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.

Habib Geagea

Typed or printed name of signee

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 the Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

14 SEP 17 AM 8: 15
SECRETARY OF STATE
AHASSEE, FLORIDA

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