

08/27/2016 04:08

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC
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DIVISION OF CORPORATIONS
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**FLORIDA LIMITED LIABILITY CO.
AM 274 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

OCT 17 2016

A. LUNT

08/27/2032 04:08
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October 16, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations
LAZARUS CORPORATE FILING SERVICES, INC.

SUBJECT: AM 274 LLC
REF: W14000063136

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

H14000241621

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AM 274 LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

13835 NW 1 AVE
MIAMI, FL 33168

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ARL DISPENZA

Name

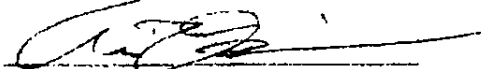
13835 NW 1 AVE

Florida street address (P.O. Box NOT acceptable)

MIAMI, FL 33168

City, State, and 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. 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 in Chapter 605, F.S.

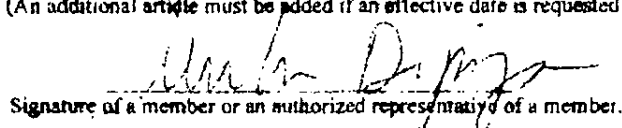


Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



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

(In accordance with section 605(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MARLEN DISPENZA

Typed or printed name of signer

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IN THE OFFICE OF THE
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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