Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name

: CORP USA

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Phone

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

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FLORIDA LIMITED LIABILITY CO. SOUTH EAST COPPER, LLC

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Electronic Filing Menu

Corporate Filing Menu

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CORP USA

1/9/2015 SE:ST ST0Z/60/T0

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ARTICLESOFORGANIZATION FURFI	DOMDA LIMITED CIABILITY COMPANY			
ARTICLE 1 - Name: The name of the Limited Liability Company is:				
SOUTH EAST COPPER 11 C. (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC.")	_		
ARTICLE II - Address: The mailing address and street address of the principal of	fice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
3767 ROYAL PALM AVENUE MIAMUREACH, FL 33140	3767 ROYAL PALM AVENUE MIAMLEFACH, FL 33140	_		
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own I another business entity with an active Florida registration. The name and the Florida street address of the registered at the CDAME.	Registered Agent. You must designate an ind	SECRETAR INCLAHASS	15 JAN -9	7-0-0-0
EMILIO BRAUN Name		mi≺	_	Ü
Neme		<u></u> 9	PK	7
3757 ROYAL PALM AVENUE Florida street address (P.O. Box		STAT	1:1	O
MIAMI BEACH	FL 33140	ਨੂੰ ਸ	۵	
City	Zip			
Having been named as registered agent and to occupt sur- the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli-	the appointment as registered agent and agre fall statutes relating to the proper and compl	ie to act in i etc perform	this zance	

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(CONTINUED)

Registered Agent's Signature (REQUIRED)

9696889908 98:91 9102/60/10

CORP USA

The name and address of each person authorized to manage and control the Limited Liability Company: Title:
"AMBR" = Authorized Member Name and Address: "MGR" - Manager AMBR_ **EMILIO BRAUN** 3767 ROYAL PALM AVENUE MIAMI BEACH, FL 33140. EMILIO RRALIN MGR 3767 BOYAL PALM AVENUE MIAMI BEACH, FL 33140 (Use attachment 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 follow as provided for in s.817.155, F.S.) EMILIO BRAUN Typed or printed name of signee

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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)

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