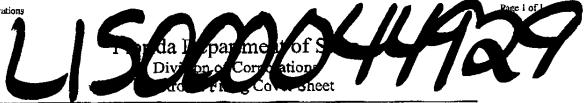
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

Account Name Account Number: 072450003255 Phone

: CORP USA : (305) 634-3694

Fax Number

: (305)633-9696

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. 1583 OAKLAND PARK BLVD LLC

Certificate of Status	0
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## COVER LETTER

Division of Co	
JBJECT:	1583 OAKLAND PARK BLVD LLC
	Name of Limited Liability Company
enclosed Articles of	Organization and fee(s) are submitted for filing.
вае retum all corresp	ondence concerning this matter to the following:
	ALEJANDRO YENGLE
<del></del>	Name of Person
, 	1583 OAKLAND PARK BLVD LLC
,	Firm/Company
,	1683 OAKLAND PARK BOULEVARD
· · · · · · · · · · · · · · · · · · ·	Address
	OAKLAND PARK, FL 33334
	City/State and Zip Code
	avengle 1@ballsouth.nat  E-mail address: (to be used for future annual report notification)
further information e	onceming this matter, please call:
ALE JANIMEA	NENG( =
ALEJANDRO Name o	YENGLE at (954 ) 514-0840  of Person Arcs Code Davoime Tolouhone Number

2015 HAR 12 PH 12: 31

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(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:  Mailing Address:  Mailing Address:  Mailing Address:  SAME  OAKLAND PARK BLVD  OAKLAND PARK, EL 33334  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 Florida registered agent are:  ALEJANDRO YENGLE  Nama  1583 OAKLAND PARK BLVD  Florida street address (P.O. Box NOT acceptable)  OAKLAND PARK, EL 33334  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. 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 Chapper 605, F.S  Registered Agent Signature (REQUIRED)	
The mailing address and street address of the principal office of the Limited Liability Company is:    Principal Office Address:	
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 Florida registration.)  The name and the Florida street address of the registered agent are:  ALEJANDRO YENGLE  Name  1583 OAKLAND PARK BLVD  Florida street address (P.O. Box NOT acceptable)  OAKLAND PARK, FL 33334  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. 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 Chapper 603, F.S.	
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Registered Agent's Signature (REQUIRED)	71
(CONTINUED)  Page Tof2  Page Tof2	Contract of the Contract of th

Title:	Name and Address:
"AMBR" = Authorized Member	•
"MGR" = Manager	ALCHARDO VENOLE
MGR/AMBR	ALEJANDRO YENGLE
	1583 OAKLAND PARK BLVD OAKLAND PARK, FL 33334
	OAREAND FAIN, PL 35334
MGR/AMBR	PATRICIA YENGLE
	1583 OAKLANO PARK BLVD
	OAKLAND PARK, FL 33334
EV: Effective date, if other than the date	of filing: (OPTIONAL)
(Use attachment if necessary)  E.V: Effective date, if other than the date extive date is listed, the date must be spe filling.)  E.VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90
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E.V: Effective date, if other than the date ctive date is listed, the date must be spe filling.)  E.VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a met (In accordance with section 605 constitutes an affirmation under	mber east authorized representative of a member.  5.0203 (1) (b), Florida Stanites, the execution of this document the penalties of penincy that the facts stated herein are true
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E V: Effective date, if other than the date entire date is listed, the date must be specifiling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	mber each authorized representative of a member.  5.0203 (1) (b), Florida Stanites, the execution of this document of the penalties of penjury that the facts stated herein are true.  That is submitted in a document to the Department of State

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