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(Re	equestor's Name)						
(Ad	ldress)						
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Bu	isiness Entity Nar	me)					
(Do	ocument Number)						
Certified Copies	_ Certificates	s of Status					
Special Instructions to	Filing Officer:						





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COVER LETTER

	TO: Registration Section Division of Corporations	
	SUBJECT: 13287, LLC Name of Limited Liability Company	
	The enclosed Articles of Organization and fee(s) are submitted for filing.	
•	Please return all correspondence concerning this matter to the following:	
•	Juan A. Sanchez Name of Person	
	Juan A. Sanchez, P.A. Firm/Company	
	10251 SW 72 St., #106 Address	
	Miami, FL 33173	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
	Juan A, Sanchez at (305) 275-8550 Name of Person Area Code Daytime Telephone Number	
	Enclosed is a check for the following amount:	55 Tr
<u> </u>	\$\frac{1}{2}\$\$125.00 Filing Fee \text{Filing Fee & Certificate of Status}\$\$ Certificate of Status (additional copy is enclosed) \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$ Certified Copy (additional copy is enclosed) \$\frac{1}{2}\$\$ (additional copy is enclosed)	-12 · T
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	0

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:						
13287, LLC						
(Must end with the words "Lir	nited Liability Co	mpany, "L.L.C.," o	г "LLC.")			
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the L	imited Liability Co	mpany is:			
Principal Office Address:	Mailing	Mailing Address:				
125 Lakeshore Road West Oakville, Ontario, Canada, L6k 1E2		125 Lakeshore Road West Oakville, Ontario, Canada, L6K 1E2				
ARTICLE III - Registered Agent, Registered Of The Limited Liability Company cannot serve as its another business entity with an active Florida regist. The name and the Florida street address of the register.	own Registered Atration.)					
<u>Juan A. Sanchez, P.A.</u>	Vame					
	vanie.					
10251 SW 72 St., #106 Florida street address (P.O	. Box <u>NOT</u> accep	table)				
<u>Miami</u>	FL	33173				
City		Zip				
Registered Agent's S	accept the appoint sions of all statutes the obligations of n Chapter 605, F.S.	ment as registered a s relating to the prop ny position as regist	agent and agree to act in this per and complete performance			
Page	e 1 of 2	i	417 1 ** .			

Title:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
MGR — Manager MGR	REDU IONICA	
	125 Lakeshore Road West	
	Oakville, Ontario, Canada L6K 1E2	
(Use attachment if necessary) E V: Effective date, if other than the date ective date is listed, the date must be sport filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9	0 da
E V: Effective date, if other than the date ective date is listed, the date must be spot filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 9	0 đa
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