## 5000073204

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #j	,
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJÉCT:	WASH Name of Li	CLUB, ALC	<u>-</u>	
The enclosed Articles	s of Organization and fee(s) a	re submitted for filing.		
Please return all corre	espondence concerning this n	natter to the following:		
<del></del>	Gilberto	De La CAUZ	co/John Holo.	R
Ex	ecative Man	AGENET & CONCO	Want Foto les	al LL
		Firm/Company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
18	854 NEJ	ENSEW BEA	el Bled	
		Address		
J	avser Bea	ch FL 348	57	
	JOHN PHOLOER	City/State and Zip Code  2 1 2 Corruit Code  In for future annual report notific	cory	
	E-mail address: (to be use	d for future annual report notific	ation)	
For further information	on concerning this matter, ple	ase call:		- <b>-</b>
Tohal	tolole at (	221, 508 4	005 B	Timeses .
Nai	ne of Person	Area Code Daytime Te	elephone Number	
	or the following amount:		(A)	Same.
\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclose	ed)

Mailing Address
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
	UB. 640	•
(Must end with the words "Limite		' 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:	
1854 NE TENSEN BEALBE	ta some	•
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its ow another business entity with an active Florida registrat	vn Registered Agent. You must	
The name and the Florida street address of the register	ed agent are:	- 4-1
Executivery	Wigereta cax	start Internetial, LC
Nar -		
<b>7999 N. Fe</b> Florida street address (P.O. B		-
boca faton	FL 33487	
City	Zip	•
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	ept the appointment as registere as of all statutes relating to the p	d agent and agree to act in this roper and complete performance
Registered Agent's Sig	nature (REQUIRED)	2915 FALLS
(CONTIN	NUED)	No APR 27
Page 1 c	of2	27 PH 3: 21

## ARTICLE IV-

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

M A.A		Gilberta Da La Cous
NOR		Gilberto De La Cauz
		part st. Lucie R1 3495
	<del></del>	
• • •	•	
	<del>-</del>	
laa attaahmant if naa		
	•	mann ann de .
	•	ling: 0.5-15/-15 (OPTIONAL)
Use attachment if nec  V: Effective date, if tive date is listed, th	•	ling: (OPTIONAL) c and cannot be more than five business days prior to or 9
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	other than the date of fine date must be specificate in the specification of the specificatio	
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V: Effective date, if two date is listed, the filing.) VI: Other provisions EQUIRED SIGNA	other than the date of fine date must be specific s, if any.	ale
V: Effective date, if tive date is listed, the filing.) VI: Other provisions  EQUIRED SIGNA  (In accordange)	other than the date of fine date must be specific s, if any.  Signature of a memberice with section 605.02	

Filing Fees:

Typed or printed name of signee

\$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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