

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000124767 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Fax Number

Phone : (305)552-5973 : (305)675-5944

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

Fmail	Address

FLORIDA LIMITED LIABILITY CO. AVENTURA COMMERCIAL GROUP LLC

Certificate of Status Certified Copy Page Count 04 Estimated Charge \$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

H15000124/6V

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

·						
AVENTURA COMMERCIAL GROUP LLC (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 Li	mited Liability	Company is	:	
Principal Office Address:	I.	Jailing A	ddress;			
2199 NE 163 STSREET	2	2199 NE	163 STREET			
NORTH MIAMI BEACH, FL 33162			VIAMI BEACH	FL 3316	2	
RTICLE III - Registered Agent, Register	ed Office, & R	egistered	Agent's Signa	ture:		
The Limited Liability Company cannot serve nother business entity with an active Florida	as its own Reg				n individu	al or
·	•					
he name and the Florida street address of the	e registered age:	nt are:				
CESAF	R PUMAR RIV	ERS		-		
	Name					
Florida street addres	9 NE 163 STR		ahia)	-		1
Lioting 2000 \$ 4000 68	8 (г.Ф. дох <u>іче</u>	21 Beceb	•			
<u>NORTH MIAN</u> Cit		FL	33162 Zip			
			•			
Having been named as registered agent and the place designated in this certificate, I h						
capacity. I further agree to comply with the	provisions of a	ll statutes	relating to the j	proper and a	omplete p	erfornu
of my duties, and I am familiar with and a		505, F.S	y position as rej	isterea age	ni as provi	iaea joi
•	IM					
			· · · · ·			
Registered A	gent's Signature	(REQUI	RED)			=
	1			₽ω	3	
•	(CONTINUED)			15 Ma	SECAL
	Page 1 of 2			芸品		#2-
	4		4			<u></u> ↑~;;
				무	The state of the s	[S-
				-		
				EIARY OF STATE HASSEE, FLORIDA	AH 10: 01	1 U

H15000124762

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	FRANCISCO PUMAR BLANCO
	2199 NE 163 STREET
	NORTH MIAMLBEACH, FL 33162
<u>MGR</u>	NATALIA PUMAR RIVERS
	2199 NE 163 STREET
	NORTH MIAMI BEACH, FL 33162
MGR	MARIA INES PUMAR RIVERS
	2199 NE 163 STREET
	NORTH MIAMI BEACH, FL 33162
	FOLUMINOS DIVILIO DIVIEDO
MGR	PRANCISCO PUMAR RIVERS
MGR	FRANCISCO PUMAR RIVERS 2199 NE 163 STREET
(Use attachment if necessary) SEE LEV: Effective date, if other than the date frective date is listed, the date must be s	2199 NE 183 STREET NORTH MIAML BEACH, FL 33162
(Use attachment if necessary) SEE	2199 NE 163 STREET NORTH MIAML BEACH, FL 33:162 ATTACHMENT te of filing: (OPTIONAL)
(Use attachment if necessary) SEE CLE V: Effective date, if other than the date affective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any.	2199 NE 163 STREET NORTH MIAML BEACH, FL 33:162 ATTACHMENT te of filing: (OPTIONAL)
(Use attachment if necessary) SEE LEV: Effective date, if other than the date frective date is listed, the date must be see of filing.)	2199 NE 163 STREET NORTH MIAML BEACH, FL 33:162 ATTACHMENT te of filing: (OPTIONAL)
(Use attachment if necessary) SEE CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE:	2199 NE 183 STREET NORTH MIAMI BEACH, FL 33162 ATTACHMENT te of filing: pecific and cannot be more than five business days prior to or 90 companies. The second cannot be more than five business days prior to or 90 companies.
(Use attachment if necessary) SEE CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a national effection of the effective date.	2199 NE 183 STREET NORTH MIAMI BEACH, FL 33162 ATTACHMENT te of filing:
(Use attachment if necessary) SEE CLE V: Effective date, if other than the date effective date is listed, the date must be a coffling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a n (In accordance with section of constitutes an affirmation up	2199 NE 183 STREET NORTH MIAMI BEACH, FL 33162 ATTACHMENT te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 second cannot be more than five business days prior to or 90 sec
(Use attachment if necessary) SEE CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a no (In accordance with section of constitutes an affirmation unit and aware that any false info	ATTACHMENT te of filing: cpecific and cannot be more than five business days prior to or 90 comember or an authorized representative of a member. 605.0203 (1) (b) Forida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are true? compation submitted in a document to the Department of State
(Use attachment if necessary) SEE CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a no (In accordance with section of constitutes an affirmation unit and aware that any false info	ATTACHMENT te of filing: (OPTIONAL)
(Use attachment if necessary) SEE CLE V: Effective date, if other than the date effective date is listed, the date must be see of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a no (In accordance with section of constitutes an affirmation unit and aware that any false info	ATTACHMENT te of filing: (OPTIONAL)

ARTICLE IV-

The name and address of each person author	rized to manage and control the Limited Liability Company:
<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	CESAR PUMAR RIVERS
WGIN	
	2199 NE 163 STREET
•	NORTH MIAML BEACH, FL 33162