Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number (850)617-6381

From:

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Email Address:

FLORIDA LIMITED LIABILITY CO. MIAMI BROTHERS CONSTRUCTION, LLC

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Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

		FLORIDA LIMITED LA	IABILITY COMPANY	
ARTICLE 1 - Name: The name of the Limited Liabil	ily Company is:			
MIAMI BROTILER	S CONSTRUCTION, L.	LC	TI C " HI C "	
•	with the words calmied	тывыну сотрану,	Jaintes, Of Libba)	
ARTICLE H - Address: The mailing address and street:	address of the principal o	office of the Limited Li	iability Company is:	
Princi	oal Office Address:		Mailing Addr	ēzz :
1501 SW 10 AVEN	<u>UE</u>		W 20 AVENUE	
MIAMI, FL 33145		<u>MI/M</u>	II, FL 33145	——————————————————————————————————————
(The Limited Liability Companianother business cutity with an The name and the Florida street	active Florida registration	on.)	-	
	YACQUELIN GIL I	RODRIGUEZ		
		Name		
	1501 SW 20 AVEN			
	Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)	
	MIAMI	FL	33145	
	City	State	Zip	
laving been named as registered place designated in this certificat in ther agree to comply with the p in familiar with and accept the d	e, I hereby accept the app provisions of all statutes r	pointment as registered relating to the proper a as registered agont as	l agent and agree to act : nd complete performant	in this capocity. I se of my duties, and I

H15000274006

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	
MGR	YACQUELIN GIL RODRIGUEZ
	1501 SW 20 AVENUE
	M(AMI, FL 33145
	
	
•	
of filing.) f the date inserted in this block does not meet the	.: (OPTIONAL) ad cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not s records.
LE V: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the nment's effective date on the Department of State LE VI: Other provisions, if any.	applicable statutory filing requirements, this date will not
EV: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State. EVI: Other provisions, if any.	applicable statutory filing requirements, this date will not's records.
LE V: Effective date, if other than the date of tiling fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the nment's effective date on the Department of State. LE VI: Other provisions, if any. REQUIRED SIGNATURE:	applicable statutory filing requirements, this date with not 's records.
EV: Effective date, if other than the date of filing fective date is listed, the date must be specific an of filing.) If the date inserted in this block does not meet the ment's effective date on the Department of State. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of This document is executed in so I am aware that any false inform.	applicable statutory filing requirements, this date will not's records.

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\$ 30.00 Certified Copy (Optional)
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