

U5000199467

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.

(((H15000285403 3)))



H150002854033ABC

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) 617-6381

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (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.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
10315 NW 9 ST CIR UNIT 503 LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
15 DEC -2 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 DEC -2 AM 7:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

3

H150002854

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

10315 NW 9 ST CIR UNIT 503 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 Limited Liability Company is:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
2820 SW 100 Avenue	2820 SW 100 Avenue
Miami, Florida 33165	Miami, Florida 33165

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.)

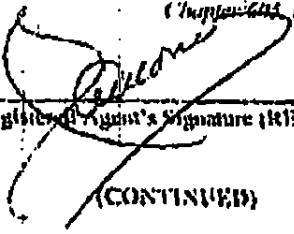
The name and the Florida street address of the registered agent is:

EDUARDO A. AMORIN
Name:

2820 SW 100 Avenue
Florida street address (P.O. Box, NOT acceptable)

Miami Fl. 33165
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 Chapter 689, F.S.

X 
Registered Agent's Signature (PRINTED)

(CONTINUED)

15 DEC -2 AM 7:21
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV:

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

Title:
"AMGR" - Authorized Member
"MGR" - Manager

Name and Address:

Eduardo A. Amorin
2820 SW 100 Avenue
Miami, Florida 33169

_____ MGR

Carmen L. Amorin
2820 SW 100 Avenue
Miami, Florida 33165

_____ MGR

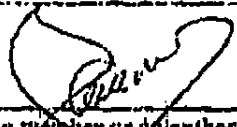
Orlando L. Amorin
7330 Ocean Terrace, #2302
Miami Beach, Florida 33141

(Use attachment if necessary)

ARTICLE V: Effective Date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is filed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
(In accordance with section 005.020(4)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

EDUARDO A. AMORIN

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

12/02/2015 05:06 3056539596
415700285403