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(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Numb)
(Document Number)
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EFFECTIVE DATE 12/03/15

x 114/15

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: - 43-18 NW 6 Ave 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: Name of Person			
Firm/Company 100 E. Sam/le 20. Ste 130 Address Address City/State and Zip Code Bende of Lahonem E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call: April 1984 April 1984 State Stat			
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certificate Opy (additional copy is enclosed)			
Mailing Address Street Address			

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing 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:	
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 th	• • •
Principal Office Address:	Mailing Address:
RODRIGUE BENJAMIN 100 E. SAMPLE RD SUITE 130 POMPANO BEACH, FL 33064	RODRIGUE BENJAMIN 100 E. SAMPLE RD SUITE 130 POMPANO BEACH, FL 33064
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are Nocling of Name Name Florida street address (P.O. Both City States)	Senjamin ample Rd. Ste 130 ex NOT acceptable) FL 33064
Having been named as registered agent and to accept service of proc place designated in this certificate, I hereby accept the appointment a further agree to comply with the provisions of all statutes relating to a am familiar with and accept the obligations of my position as register	is registered agent and agree to act in this capacity. I the proper and complete performance of my duties, and I
	nt's Signature (REQUIRED)

Page 1 of 2

DEC -7 PMI

SECRETARY OF STATE

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager **RODRIGUE BENJAMIN** 100 E. SAMPLE RD SUITE 130 POMPANO BEACH, FL 83064 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State

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)

constitutes a third degree felony as provided for in s.8/17.155, F.S.

\$ 5.00 Certificate of Status (Optional)

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