

L 16000015480

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.

((H16000021686 3)))



H160000216863ABC/

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

16 JAN 26 PM 12:52
 RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 FLORIDA

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.
DUVAL SOUTH, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

EFFECTIVE DATE

1-21-16

JAN 27 2016

S. GILBERT

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 FLORIDA
 16 JAN 26 PM 12:52

Electronic Filing Menu Corporate Filing Menu Help

H160000021686

2

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

Date: January 21, 2016

EFFECTIVE DATE - 1-21-16

ARTICLE I - NAME:

The name of the Limited Liability Company is:

DUVAL SOUTH, LLC

FILED
16 JAN 26 PM 12:52
STATE
OF FLORIDA

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is:

**8461 S.W. 179 STREET
MIAMI, FL 33157**

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:

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

RAFAEL LOPEZ
Name

8461 S.W. 179 STREET
Florida Street Address

MIAMI, FL 33157
City, State, and Zip

-continued-

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 605.0203 (1) (b).



Registered Agent's Signature
RAFAEL LOPEZ

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a SINGLE MEMBER LLC and is therefore a SINGLE MANAGER LLC company. The NAME and ADDRESS of each initial MANAGER/MEMBER is as follows:

Title
Authorized Member

Name and Address:
RAFAEL LOPEZ
8461 S.W. 179 STREET
MIAMI, FL 33157

-continued-

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: January 21, 2016



Signature of member or an authorized representative of a member

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true



RAFAEL LOPEZ
Member/Manager of LLC

January 21, 2016