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(Requ	estor's Name)	
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(City/s	State/Zip/Phon	e #)
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SECRETARY OF STATE
SECRETARY SEE FLORID

R. Garage 15.1-22 29161

COVER LETTER

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	, ,	VER EET TER .	
TO: Registration S Division of Co	orporations		
SUBJECT:	Name of Lin	G. LLC.	
	Traile of En	and Linding Company	
The enclosed Articles o	f Organization and fee(s) are	e submitted for filing.	
Please return all corresp	ondence concerning this ma	atter to the following:	
	KEVIN	Name of Person	14
		Name of Person	/
		Sing/LLc. Firm/Company	
		Firm/Company	
	/62	60 SW 113 to	h Ave
		Address	We mind the second of the seco
		Minni Elicin	14 33157
-	C	ity/State and Zip Code	1/A 3 0 1 3 7
	K∧	A HOGA NY B. M for future annual report notificati	2, COm
	E-mail address: (to be used	for future annual report notificati	on)
For further information co	oncerning this matter, please	e call:	
Krui.	Maunodous	786 810-69	:32
<u>/) e W/ A</u> Nar	ne of Person A	786 810-69 Trea Code Daytime Telephon	e Number
Enclosed is a check for	the following amount:		-
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Maili</u>	ng Address	Street Address	

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

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited L	Sin	19! LLC	
(Mus	t end with the words "Limited Liabil	ity Company, "L.I	C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principal office of	fthe Limited Liabi	lity Company is:
<u>P</u> 1	incipal Office Address:		Mailing Address:
1	6260 5 MI 113 64 Au	. 1	P.D. Box 363
	11 AMI, EL 33157		11AM1, FL 33257
(The Limited Liability Cor another business entity wi	and Agent, Registered Office, & Registered Agent, Registered as its own Regist than active Florida registration.) Street address of the registered agent Name Levi Levi Name Levi Levi Florida street address (P.O.	ered Agent. You n are: MAHOGA SW []	nust designate an individual of R PR 22. 26
	Miami	Eloxida	33/57
	City S	State	Zip
			re stated limited liability company at the ent and agree to act in this capacity. I

h 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, F.S..

Registered Agent's Signature (REQUIRE

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	KEVIN B. MANOGANY
,	M: AMI, FLOCIDA 3:3/57
MGR AMBR	ALLENE & MAHORARY
77. 11015	16260 SW 11346 Per
	MAMI, FLORIDA 33757
	
(Use attachment if necessary)	
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 d
of filing.)	specific and cannot be more than five business days prior to or 90 depot meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 depot meet the applicable statutory filing requirements, this date will not be
EV: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	specific and cannot be more than five business days prior to or 90 depot meet the applicable statutory filing requirements, this date will not be
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 depends to the applicable statutory filing requirements, this date will not be sent of State's records. B. W. L.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a This document is exercised.	the meet the applicable statutory filing requirements, this date will not be sent of State's records. B. M. B. M. B. M. B.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any file.	specific and cannot be more than five business days prior to or 90 depends on the meet the applicable statutory filing requirements, this date will not be control of State's records. Depends on a supplicable statutory filing requirements, this date will not be control of State's records. Member or an authorized representative of a member. Couted in accordance with section 605.0203 (1) (b), Florida Statutes, also information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
E V: Effective date, if other than the dective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a This document is exert am aware that any file.	specific and cannot be more than five business days prior to or 90 depends on the most of State statutory filing requirements, this date will not be sent of State's records. Solve the applicable statutory filing requirements, this date will not be sent of State's records. Member or an authorized representative of a member. Couted in accordance with section 605.0203 (1) (b), Florida Statutes. The also information submitted in a document to the Department of State.

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