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.

(((H16000073349 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

ı	v	٠	

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

Enter the email address for this business entity to be used for futura annual report mailings. Enter only one email address please.

Email Address:_____

FLORIDA LIMITED LIABILITY CO. **BOND 3809 LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

3052201440

03/23/2016 12:10

LAZARUS

(FAX)

PAGE 02/03

H16000073349

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Bond 3809 LLC	
(Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of t	the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2828 Corn) Way Suite #100	2828 Coral Way Suite #100
Miami, Fl 33145	Miami, Fl 33145

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 antity with an active Plorida registration.)

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

Chicles Loon		
	Name	
2828 Coral Way Sui	to #100	
Plorida street addres		cceptable)
Miami	FI	33145
City	State	Zip

Having been named at 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, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

16 Mar 23 pw 15. To

03/23/2016 12:10

3632261446

(FAX)

H16000073349

	Name and Address:	
"AMBR" = Authorized Member	•	
"MGR" = Managor	Dadas bassisi	
MOR	Pedro Penzini 1395 Brickell Avenue Apt. #3109	
	Miami, Fl 33131	
MGR	Isabel Martinez De Penzini	
1.553	1395 Brigkell Avenue Apt. # 3109	
	Mlami, Fl 33131	
AMBR	Pedro L. Penzini	
	1395 Brickell Ayenne Apt, # 3109	
·	Miami, Fl 33131	
43.4000		
AMBR	Isabel C. Penzini	
	1395 Brickell Avenue Apt, #3109 Miami, Fl 33131	
	Within Pr 20101	
(Use attachment if necessary)		
E V: Effective date, if other than the date of filing:	March 23, 2016 (OPTIONAL)	
E VI: Other provisions, if any.		
		_
REQUIRED SIGNATURE:	Led y few,	<u>-</u>
Signature of a member of	an authorized representative of a member,	_
Signature of a member of This document is executed in acc	an authorized representative of a member, cordance with section 605.0203 (1) (b), Florida Stantes, trien submitted in a document to the Department of State as provided for in s.817.155, F.S.	
Signature of a member of This document is executed in account I am aware that any false informations it third degree felony a	cordance with section 605.0203 (1) (b), Florida Statutes, tition submitted in a document to the Department of State as provided for in s.817.155, P.S.	
Signature of a member of This document is executed in account I am aware that any false informations it third degree felony a	cordance with section 605.0203 (1) (b), Florida Statutes, tion submitted in a document to the Department of State as provided for in s.817.155, P.S.	
Signature of a member of This document is executed in acc I am aware that any false informations it that any false informations it that degree felony a CI Typed	cordance with section 605.0203 (1) (b), Florida Stanses, whon submitted in a document to the Department of State as provided for in s.817,155, P.S. hirles León or printed name of signes	
Signature of a member of This document is executed in account in a sware that any false informs constitutes a third degree felony a Ci Typed 5125.00 Filing Fee for Articles of Organization	cordance with section 605.0203 (1) (b), Florida Stanses, whon submitted in a document to the Department of State as provided for in s.817,155, P.S. hirles León or printed name of signes	16
Signature of a member of This document is executed in account in a second in a constitutes a third degree felony a City Typed Typed 5125.00 Filing Fee for Articles of Organization 30.00 Certified Copy (Optional)	cordance with section 605.0203 (1) (b), Florida Stanses, whon submitted in a document to the Department of State as provided for in s.817,155, P.S. hirles León or printed name of signes	
Signature of a member of This document is executed in account in a sware that any false informs constitutes a third degree felony a Ci Typed 5125.00 Filing Fee for Articles of Organization	cordance with section 605.0203 (1) (b), Florida Stanses, whon submitted in a document to the Department of State as provided for in s.817,155, P.S. hirles León or printed name of signes	MESO MESO
Signature of a member of This document is executed in account in a second in a constitutes a third degree felony a City Typed Typed 5125.00 Filing Fee for Articles of Organization 30.00 Certified Copy (Optional)	cordance with section 605.0203 (1) (b), Florida Stanses, whon submitted in a document to the Department of State as provided for in s.817,155, P.S. hirles León or printed name of signes	
Signature of a member of This document is executed in acc I am aware that any false informs constitutes a third degree felony a Cl Typed 5125.00 Filing Fea for Articles of Organization 3 50.00 Certified Copy (Optional) 5 5,00 Certificate of Status (Optional)	cordance with section 605.0203 (1) (b), Florida Stanses, whon submitted in a document to the Department of State as provided for in s.817,155, P.S. hirles León or printed name of signes	MESO MESO
Signature of a member of This document is executed in acc I am aware that any false informs constitutes a third degree felony a Cl Typed 5125.00 Filing Fea for Articles of Organization 30.00 Certified Copy (Optional) 5 5,00 Certificate of Status (Optional)	cordance with section 605.0203 (1) (b), Florida Stanses, whon submitted in a document to the Department of State as provided for in s.817,155, P.S. hirles León for printed name of signes Filing Ferm. on and Designation of Registered Agent	18.50 18.50