

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO. 165 DESIGN LLC

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

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May 10, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CORP USA

SUBJECT: 165 DESIGN LLC
REF: W16000033755

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Cannot read the Registered Agents name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Neyssa Culligan
Regulatory Specialist II

FAX Aud. #: H16000113966
Letter Number: 916A00009658

P.O BOX 6327 - Tallahassee, Florida 32314

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H100000113966

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

165 Design LLC, a Florida limited liability company

(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:

Principal Office Address:

2137 NW 2nd Avenue
Miami, FL 33127

Mailing Address:

2137 NW 2nd Avenue
Miami, FL 33127

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 are:

George S. Zamora
Name

3191 Coral Way, Suite 106

Florida street address (P.O. Box **NOT** acceptable)

Miami Florida 33145
City State 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 605, F.S.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Alfredo Borges

2137 NW 2nd Avenue

Miami, FL 33127

AMBR

Rafael Cedeña

2137 NW 2nd Avenue

Miami, FL 33127

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 constitutes a third degree felony as provided for in § 817.155, F.S.

Alfredo Borges

Typed or printed name of signer

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)

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