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FLORIDA LIMITED LIABILITY CO. 4 SQUARE GROUP, LLC.

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Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED 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.")	
(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:  5068 NW. 74th Ave.  5068 NW. 74th Ave.  5068 NW. 74th Ave.  MIAMI, FL. 33166	
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 another business entity with an active Florida registration.)	ıl <b>or</b>
The name and the Florida street address of the registered agent are:	
LRYSTAL (TIELOSHI	
May STRC GTECOSHI Name 5068 NW. 74th Aur	
3068 NW. 7474 AVC	
Florida street address (P.O. Box NOT acceptable)	
MIANI FL 331660 City Zip	
City Zip	
Having been named as registered agent and to accept service of process for the above stated limited liability the place designated in this certificate, I hereby accept the appointment as registered agent and agree to acapacity. I further agree to comply with the provisions of all statutes relating to the proper and complete per of my duties, and I am familiar with and accept the obligations of my position as registered agent as providing the control of the proper and I am familiar with and accept the obligations of my position as registered agent as providing the control of the proper and I am familiar with and accept the obligations of my position as registered agent as providing the control of the proper and I am familiar with the provision of the place of the	ct in this rformance
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Register Agent's Signature (REQUIRED)	= -
Register Agent's Signature (REQUIRED)	
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Page 1 of 2	6: - SE
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Name and Address:  Name and Address:  **AMBR" = Authorized Member  **MCR" = Manager    Lary 574
*MGR" = Manager    Lity 57AL   Figures #1   SOLB NW. 74th Fre   THE FINAL   AMBR.   MAY OSCEOLA III   SOLB NW. 74th Fre   THE FINAL   SOLB NW. 74th Fre   THE FINAL   THE FINAL   THE FINAL   SOLB NW. 74th Fre   THE FINAL   THE FINAL   SIGNATURE   Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Sistutes, the execution of this document
(Use attachment if necessary)  E. V.: Effective date, if other than the date of filing:  Corrective date, if other than the date of filing:  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (OPTIONAL)  (In accordance with dection 605,0203 (1) (b), Florida Sixtutes, the execution of this document
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