## 11600131379

(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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0/ 7/18/16 0/ 1/8/16 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

 $C_{\Lambda}$ 

PHONE: 850-558-1500	
ACCOUNT NO. : 12000000195	
REFERENCE : 218823 82474A	
AUTHORIZATION: Spelle Race	
COST LIMIT : \$ 125.00	
ORDER DATE : July 15, 2016	
ORDER TIME : 9:25 AM	
ORDER NO. : 218823-005	
CUSTOMER NO: 82474A	
DOMESTIC FILING	
NAME: 5861 HOUSE, LLC	
EFFECTIVE DATE:	() ( <b>)</b> () () () () () () () () () () () () ()
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Melissa Zender - EXT. 62956	

EXAMINER'S INITIALS:

## EFFECTIVE DATE 07

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company	is:

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•	-	

5861 HOUSE, 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:

-			
<u>Princ</u>	ipal Office Address:		Mailing Address:
5861 SW 36th Ter	тасе		5861 SW 36th Terrace
Dania, FL 33312		·	Dania, FL 33312
TICLE III - Registered Asserting the Limited Liability Compather business entity with a name and the Florida stre	ny cannot serve as its own n active Florida registration	n Registered Apon.)	Agent's Signature: gent. You must designate an individual or
	Paul Feldman, P.A.		
	<u> </u>	Name	
	2750 NE 185th Stree	et, Suite 203	
	Florida street addres	ss (P.O. Box N	OT acceptable)
	Aventura_	FL	33180
	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.

Regisfered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" ≈ Authorized Memb	Name and Address:
"MGR" = Manager AMBR	JUSTIN LAREDO
AMOR	5861 SW 36th Terrace
	Dania, FL 33312
	,
(Use attachment if necessary)	
LE V: Effective date, if other the ffective date is listed, the date in e of filing.)  If the date inserted in this block	n the date of filing: July 14, 2016 (OPTIONAL)  sust be specific and cannot be more than five business days prior to or 90 da  does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
CLE V: Effective date, if other the ffective date is listed, the date is of filing.)  If the date inserted in this block nument's effective date on the December 1.	sust be specific and cannot be more than five business days prior to or 90 da does not meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other the ffective date is listed, the date in e of filing.)  If the date inserted in this block nument's effective date on the December of the provisions, if any.  REQUIRED SIGNATURE:  Signature of the document	does not meet the applicable statutory filing requirements, this date will not be partment of State's records.
CLE V: Effective date, if other the ffective date is listed, the date in e of filing.)  If the date inserted in this block nument's effective date on the December of the provisions, if any.  REQUIRED SIGNATURE:  Signature of the document	re of a member or an authorized representative of a member.  It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. It any false information submitted in a document to the Department of State industrial degree felony as provided for in s.817.155, F.S.
CLE V: Effective date, if other the ffective date is listed, the date in e of filing.)  If the date inserted in this block nument's effective date on the December of the Dece	re of a member or an authorized representative of a member.  It is executed in accordance with section 605.0203 (1) (b), Florida Statutes. tany false information submitted in a document to the Department of State ind degree felony as provided for in s.817.155, F.S.
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