

Jul 27 16:05:51a

Antonio Alonso, PLLC.

305-677-0192

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : ANTONIO ALONSO, PLLC.
Account Number : I20150000045
Phone : (305) 606-0399
Fax Number : (305) 677-0192

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

Email Address: hocariz@oghcpa.com

FLORIDA LIMITED LIABILITY CO.
717 PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

RECEIVED

16 JUL 27 AM 8:11

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2016 JUL 27 AM 8:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

717 PROPERTIES, 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:Mailing Address:9895 NW 28 TERRACE
DORAL, FL 33172SAME

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:

AXIAL MANAGEMENT SERVICES, LLC

Name

999 PONCE DE LEON BLVD, SUITE 650Florida street address (P.O. Box **NOT** acceptable)CORAL GABLES FL 33134

City

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.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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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:

CORBARI GARCIA

9895 NW 28 TERRACE

DORAL, FL 33172

AMBR

LEYANIS GARCIA

9895 NW 28 TERRACE

DORAL, FL 33172

AMBR

JESENIA GARCIA

9895 NW 28 TERRACE

DORAL, FL 33172

AMBR

JOCELYN GARCIA

9895 NW 28 TERRACE

DORAL, FL 33172

(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.)

ARTICLE VI: Other provisions, if any.**REQUIRED SIGNATURE:**

X

Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 s.817.155, F.S.)

CORBARI GARCIA

Typed or printed name of signee

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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ARTICLE IV-

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Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

CORBARI GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172

MGR

LEYANIS GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172

MGR

JESENIA GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172

MGR

JOCELYN GARCIA
9895 NW 28 TERRACE
DORAL, FL 33172

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