116000146608

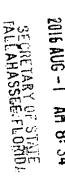
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700288471207

08/01/16--01006--006 **125.00



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE J - Name:

The name of the Limited Liabi	lity Company is:				
	ARKING SERVICES LL				
(Must end	d with the words "Limited	l Liability Comp	any, "L.L.C.," or "LLC."))	
ARTICLE II - Address: The mailing address and street	address of the principal o	ffice of the Limi	ted Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Ac	<u>idress</u> :	
12550 BISCAYNE BLVD PH 1		2	210 174 ST APT 1507		
NORTH MIAMI F	L 33181	S	UNNY ISLES BEACH F	L 33160	
(The Limited Liability Compar another business entity with an The name and the Florida stree	active Florida registratio	n.) I agent are: Name		SECRETARY OF STATE ALLAHASSEE, FLORID,	2016 AUG -1 AH 8: 34
	NORTH MIAMI FL	331 6			
	City	State	Zip		
Having been named as registered place designated in this certificat further agree to comply with the p am familiar with and accept the c	e, I hereby accept the apport provisions of all statutes resulting the statutes of the statutes of the position of the statutes of the statute	ointment as regis elațing to the pro as registereli age	tered agent and agree to a per and complete perform	ict in this capacity. ance of my duties, a	I

Page 1 of 2

(CONTINUED)

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager MGR	IGOR GELMAN
MOR	210 174 ST APT 1507
	SUNNY ISLES BEACH FL 33160
AMBR	ALAIN DAPHINIS
	1070 NE 146 ST
	NORTH MIAMI FL 33161
· .	
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the date of fili	ng: (OPTIONAL)
ffective date is listed, the date must be specific e of filing.)	and cannot be more than five business days prior to or 90 days aft
If the date inserted in this block does not meet the cument's effective date on the Department of Sta	ne applicable statutory filing requirements, this date will not be listed

REOUIRED 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 5.817.155.

Typed or printed name of signed

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)

LECRETARY OF STATE