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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

	Registration Section Division of Corporations	,	
SUBJEC	Dr. JoanneNemiroff, L.L.D	(Dr. Joanne Nemiroff,	(d.L.L)
SOBJEC		f Limited Liability Company	
The enclo	sed Articles of Organization and fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning th	is matter to the following:	
	JoanneNemiroff	·	
		N CD	
		Name of Person	
		Firm/Company	r
	3370N.E. 190 Street Apt. 1909	(3370 N.E 190 Street A)	ot. 1909)
		Address	
	Miami, Florida 33180		on — pr
	jonem31@aol.com	City/State and Zip Code	
	<u> </u>	used for future annual report notification)	
For firther	information concerning this matter, p		<u>4</u>
i or raitine.			25 gg
	Dr. JoanneNemiroff	305 318-8100 at ()	·
	Name of Person	Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:		
	Filing Fee \$\sigma\$ \$130.00 Filing Fee Certificate of Statu		Status &
	Mailing Address	Street Address New Filing Section	
	New Filing Section Division of Corporations	New Filing Section Division of Comparations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	Company is:		
Do Joseph Alexandra			
Dr. JoanneNemiroff, L			7 C " 47 I C " -
(Must end wi	ith the words "Limited Liabili	ty Company, "I	J.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street add	lress of the principal office of	the Limited Lie	ability Company is:
The manning address and sireet add	iress of the principal office of	the Emilied Ele	ionity Company is.
<u>Principal</u>	Office Address:		Mailing Address:
3370N.E. 190Street	(3370 N.E 190 ST	9 3370N	.E. 190Street
Apt. 1909	(00)	Apt. 19	
Miami, Florida 3318	0		Florida 33180
ARTICLE III - Registered Agen	t, Registered Office, & Regi	stered Agent's	Signature:
(The Limited Liability Company c			
another business entity with an ac	tive Florida registration.)		
The name and the Florida street ad	dress of the registered agent	are:	
	Joann d Nemiroff		
	Name		
	Name		
	3370N.E. 190Street Apt.	909	
	Florida street address (P.O.	Box NOT acce	ptable)
	Miami	Florida	33180

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..

State

City

(CONTINUED)

Zip

Page 1 of 2

16 //3/29 PH 5: 25

**MGR" = Authorized Member **MGR" = Manager **MGR = Manager **MGR = Manager **JoanneNemiroff **Jo370N.E. 190Street Apt. 1909 Miami, Florida 33180 **CLE V: Effective date, if other than the date of filing: **Left = Common of the street of the stree		itle:	Manulan	Name and Address:		
JoanneNemiroff 3370N.E. 1905treet Apt. 1909 Miamil, Florida 33180			viember			
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Miami, Florida 33180 (Use attachment if necessary) CLE V: Effective date, if other than the date of filing:	_	<u> </u>		3370N.E. 190Street Apt. 1909		
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