Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000251272 3)))



H160002512723ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

. 1

7.4

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Fax Number

: (305)675-5944

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

Email Address:

FLORIDA LIMITED LIABILITY CO. 435 CATALONIA LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 12 2016

G. McLEOD

10/11/2016 13:21

H16000251272

ARTICLES OF ORGANIZATION

The name: The name of the Limited Liability Company is: (Musi end with the words "Limited Liability Company, LLC, for LLC?"
435 CATALONIA LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 7320 N. W 12 51 0 N 17 1 15 MIAMI, FL 33126
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.) RAFAEL JOSE CONTRERAS
7320 NW 12 ST Uni+115
Miami FL 33126
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:
Rafael Jose Contrerais
(AMBR)

H16000251272

Required Signatures:

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.

Typed or printed name of signee

Registered Agent's Signature (REQUIRED)