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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name

: CORP USA

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

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. MB 11 LLC

Certificate of Status	0
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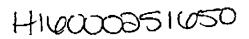
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Corporate Filing Menu

Help

OCT 12 2016





COVER LETTER

TO:	Registration Section Division of Corporations			
CLIP IE	MB 11 LLC, a Florida timited lia	bility company		
SUBJE		Limited Liabi	ity Company	
The enc	lesed Articles of Organization and fee(s	i) are submitte	i for filing.	
Picase n	eturn all correspondence concerning thi	s matter to the	following:	
	gryska sotolongo			
		Name o	Person	
	THOMAS G. SHERMAN, P.A.			y .,
		Firm/C	mpany	error error
	90 Almeria Ayonue			
		Add	ress	
	Coral Gables, FL 33134			**************************************
	Gryska@uniondtleservices.com	City/State at	nd Zip Code	132
		sed for future	annual report notification)	
For furthe	n information concerning this matter, pl	case call:		
	Gryska Sotolongo	305	448-5898 Ext. 204	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	d is a check for the following amount:			
\$125.00	Filing Fee \$130.00 Filing Pee & Certificate of Status	L_Certif	20 Filing Fee & \$160.00 Filing ed Copy Certificate of Certificate of Certified Copy (additional copy	Status &
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITIED LIABILITY COMPANY

	Carded (Maries Co.)					
ARTICLE I - Name: The same of the Limited Liabilit	y Company is:					
	la limited liability com with the words "Limits		, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street a	ddress of the principal (office of the Limited	Llability Company is:			
<u>Princip</u>	al Office Address:		Mailing Address:			
120 NE 27th Street, 9 Miami, FL 33137	Suite # 200					
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own tetive Florida registration	n Registered Agent. on.) d agent are:	st's Signature: You must designate an individual (16 OCT I	- -
	Trouble C. District	Name		· IF		
	90 Almeria Avenue			(A) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	7	1
	Florida street addre	is (P.O. Box NOT a	cceptable)	ر السي مد والانه	<u>-</u>	ş.w -w.
	Coral Gable	fl_	33134	na lin Solo	$\overline{\sim}$	
	City	State	Zip	***	. •	
Having been named as registered to place designated in this certificate, further agree to comply with the pram familiar with and accept the ob	I hereby accept the app ovisions of all statutes t ligations of my position	conument as register clating to the proper	ed agent and agree to act in this ca and complete performance of my a as provided for in Chapter 605, F.S	pacity. I luties, and I		

Page 1 of 2

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" - Manager	
MGR	ANTHONY J. CHO
	120 NE 27TH STREET, SUITE # 200
	MIAMI, FL 33/37
	
	
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(Use attachment if necessary)	
ffective date is listed, the date must be sp	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
of (Uiug.)	pecific and cannot be more than five business days prior to or 9 meet the applicable statutory filing requirements, this date will no
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Signature of a m This document is executed an aware that any false constitutes a third degree	meet the applicable statutory filing requirements, this date will not of State's records. Show Mar Lember or an authorized Presentative of a member, used in accordance with section 605.0203 (1) (b), Plorida Statutes, see information submitted by a document to the Department of State of following as provided by it is .817.155, F.S. Typed or printed name of signee Filing Fees: rganization and Designation of Registered Agent

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