

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.
6350 INVESTMENTS, LLC**

Certificate of Status	1
Certified Copy	0
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Corporate Filing Menu

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LAZARUS

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850-817-6381

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November 16, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC

SUBJECT: 6350 INVESTMENTS, LLC
REF: W16000077574

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please type or print name of person signing.,

If you have any further questions concerning your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

FAX Aud. #: H16000282068
Letter Number: 416A00024592

P.O BOX 6327 - Tallahassee, Florida 32314

H16000203066

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "LLC," or "L.L.C.")*

6350 INVESTMENTS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6350 S.W 109 ST.
MIAMI, FL 33156

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.)*

HERNANDO LAMAS
6350 S.W 109 ST.
MIAMI, FL 33156

16 NOV 17 AM 11:27
CLERK OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV:

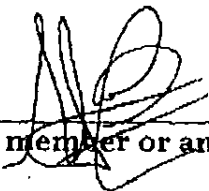
The name and title of each person authorized to manage and control the Limited Liability Company:

HERNANDO LAMAS AMBR
ROCIO VILLANUEVA AMBR

H16000203066

H16000232068

Required Signatures:



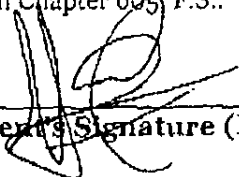
Signature of a member or an authorized representative of a member.

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.

Hernando Lamas

Typed or printed name of signee

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 609 F.S..



Registered Agent's Signature (REQUIRED)

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