Florida Department of State
Division of Cyrofalons
Letro Cling of Sheet

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.

(((H170000182953)))



H170000182953ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.						
	Doing so	o will generate another cover sheet.	产业 二			
To:			AND N			
	Division of Cor	porations	- 25E - 1			
	Fax Number	: (850)617-6381	RY SEE			
From:	•					
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	문성 역 '			
	Account Number	: 120000000019	무실 🖛			
	Phone	: (305)552-5973	高高 の			
	Fax Number	: (305)675-5944	T-			

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

Email	Addr	ess:_								
-------	------	-------	--	--	--	--	--	--	--	--

FLORIDA LIMITED LIABILITY CO. 10592 LUNA PARK LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



01/19/2017 16:44

H17000018295

ARTICLES OF ORGANIZATION OF 10592 LUNA PARK LLC

ARTICLE I NAME
The name of the Limited Liability Company shall be:
10592 LUNA PARK LLC

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
10592 NW 67th Terrace Doral FL 33178

ARTICLE III PURPOSE

This company shall have perpetual existence and may engage in any and lawful business under the laws of the United States in the State of Florida.

ARTICLE IV REGISTERED AGENT

The name and Florida Street address of the initial registered agent is:
GEORGES HADAD HELOU 9827 NW 10th Terrace Miami FL 33172

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 register agent as provided for in Chapter 605, F.S.

Registered Agent's Signature

ARTICLE VI MEMBERS
GEORGES HADAD HELOU – MANAGING MEMBER
LISBETH BSERENI de HADAD – MANAGING MEMBER

H17000010295

<u>ARTICLE VII ORGANIZER</u>

The name and address of the person signing these articles is: GEORGES HADAD HELOU – MANAGING MEMBER 5841 SW 155th Court Miami FL 33193

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization, in compliance with Chapter 605 of the Florida Status, this 1st day of January of the year 2017.

GEORGES HADAD HELOU Manager Member

CERTIFICATION

STATE OF FLORIDA

SS

COUNTY OF DADE

BEFORE ME, A Notary Public authorized to take acknowledgements in the state and county set forth above, personally appeared GEORGES HADAD HELOU to me and known by me to be the person who executed the foregoing Articles of Organization,

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal, in this state and county aforesaid on this 1st Day of January of the year 2017.

NOTARY PUBLIC

My Commission expires: May 19, 2020

