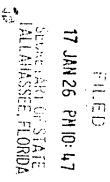
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| (Re | equestor's Name) |
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| (Ad | dress) |
| (Ad | dress) |
| (Cit | y/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | siness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| 1 | |
| | |

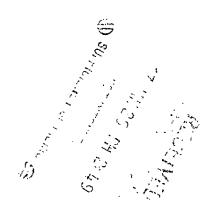
Office Use Only



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COVER LETTER

| | egistration Section vision of Corporations | |
|-----------------|---|---|
| SUBJECT | Miranda - Name of Li | Palations mited Liability Company |
| The enclose | ed Articles of Organization and fee(s) a | re submitted for filing. |
| Please retur | n all correspondence concerning this m | atter to the following: |
| | Jesus | Miran da |
| | | Name of Ferson |
| | | Firm/Company |
| | 1400 | Gilcrest St |
| | \wedge | Address |
| | Quincy | ·/- 32351 |
| _ | | City/State and Zip Code Mirand 1985 @ gah 1915 om d for future annual report notification) |
| For further in | formation concerning this matter, please | • |
| TOT TUTTIET III | 1 | |
| - | Jesus Miranch at (| 850, 980 3863 |
| | Name of Person A | Area Code Daytime Telephone Number |
| Enclosed is | a check for the following amount: | |
| \$125.00 Fil | ling Fee \$130.00 Filing Fee & Certificate of Status | S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | 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 LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: |
|---|
| Miranda Pain + ins 22C (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: |
| Principal Office Address: 1400 Gilcsest 5+ Quincy FC 3235 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (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.) |
| The name and the Florida street address of the registered agent are: JOSUS Miranda Name 1400 Gilcrest St |
| Florida street address (P.O. Box NOT acceptable) Ouncy FL 32351 City State Zip |
| City State Zip |
| 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 |
| Dus Mianda |
| Registered Agent's Signature (REQUIRED) |
| (CONTINUED) |
| Page 1 of 2 Page |
| |

| <u>Citle:</u> AMBR" = Authorized Member | Name and Address: |
|---|--|
| MGR" = Manager | |
| Manager | JESUS MIRANCA |
| 9 | 1400 6/1 Crest 7 |
| 44 - 40 ' - | E / 11 / 12 |
| Managing Member | Edmundo Miran |
| 7016111 01-4 | 0 VINCL 12 32351 |
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| V: Effective date, if other than the date tive date is listed, the date must be s filing.) | te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 d |
| ctive date is listed, the date must be s f filing.) he date inserted in this block does not nent's effective date on the Departmen | meet the applicable statutory filing requirements, this date will not be |
| V: Effective date, if other than the date tive date is listed, the date must be so filing.) the date inserted in this block does not | meet the applicable statutory filing requirements, this date will not be |
| CV: Effective date, if other than the date it is listed, the date must be so filling.) the date inserted in this block does not ment's effective date on the Department. | meet the applicable statutory filing requirements, this date will not be |
| CV: Effective date, if other than the date trive date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department CVI: Other provisions, if any. REOUIRED SIGNATURE: | meet the applicable statutory filing requirements, this date will not be tof State's records. |
| EV: Effective date, if other than the date tive date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a many of the document is executed the state of the document is executed the state of the state of the document is executed the state of the | meet the applicable statutory filing requirements, this date will not be tof State's records. Manual American State of a member or an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes. |
| CV: Effective date, if other than the date tive date is listed, the date must be so filing.) the date inserted in this block does not ment's effective date on the Department of CVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a range of the document is exectly an aware that any fall. | meet the applicable statutory filing requirements, this date will not be tof State's records. Management of an authorized representative of a member, uted in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State |
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