## 1700036492

(Re	questor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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T. SCOTT



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## **COVER LETTER**

TO: Registration Division of	n Section Corporations	
SUBJECT:	3500 Richi	e LLC.
	(Name of Limited	Liability Company)
The enclosed Articles	s of Organization and fee(s) are su	bmitted for filing.
Please return all corre	espondence concerning this matter	to the following:
	Jorge l	Viera
	()	ame of Person)
	9/4	
	(F	irm/Company)
	1384 S	W 18 Street
		(Address)
	Miami,	FI 33145
<del> </del>	(City/S	State and Zip Code)
For further information	on concerning this matter, please o	all:
Jorge	e L. Viera	at ( 305 ) 7736227
(Na	me of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check	for the following amount:	
<b>√</b> \$125.00 Filing Fee	e \$\int\$\\$130.00 Filing Fee & \$\begin{align*}\Certificate of Status \end{align*}	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:			
3500 Richie	LLC.		
(Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Compar	ny is	:
Principal Office Address:	Mailing Address:		
Jorge L. Viera P.A.			
19 West Flagler, Suite 1212	1384 SW 18 St		
Miami, Fl 33130	Miami, Fl 33145		
business entity with an active Florida registration.)  The name and the Florida street address of the r  Jorge L. V  Name  19 West Flagler St, St	/iera P.A. Suite 1212		17 FFB -3 AH 8:
Florida street add	dress (P.O. Box <u>NOT</u> acceptable)	- 'Z/-	8: 5
Miami, Fl 33130	FL		O,
City, State,	and Zip		
liability company at the place designated in t registered agent and agree to act in this capacit statutes relating to the proper and complete pe	erformance of my duties, and I am familiar with stered agent as provided for in Chapter 608, F.S.	as of ai and	11

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing	g Member
MGRM	Jorge L. Viera
	1384 SW 18 St
	Miami, FI 33145
(Use attachment if nec	cessary)
	if other than the date of filing: (OPTION
effective date is listed, t	the date must be specific and cannot be more than five business da
effective date is listed, t	the date must be specific and cannot be more than five business da f filing.)
effective date is listed, t 00 days after the date of <u>REQUIRED</u> SIGNA	the date must be specific and cannot be more than five business date filling.)  TURE:
effective date is listed, t 00 days after the date of REQUIRED SIGNA	the date must be specific and cannot be more than five business da f filing.)
effective date is listed, to days after the date of REQUIRED SIGNA  Sign (In a of the	the date must be specific and cannot be more than five business date filling.)  TURE:
effective date is listed, to days after the date of REQUIRED SIGNA  Sign (In a of the	TURE:  ature of a member or an authorized representative of a member.  accordance with section 608.408(3), Florida Statutes, the execution his document constitutes an affirmation under the penalties of perjury

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)