

L17 0000033 259

Florida Department of State
Division of Corporations
Electronic Filing Cover 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.

((H17000042904 3)))



H170000429043ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****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.
MIRABELLA 4-110, LLC**

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

REC'D
17 FEB 14 PM 3:03

FILED
17 FEB 14 AM 10:59
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

FEB 15 2017

H17000042904

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I – Name: The name of the Limited Liability Company is:

Mirabella 4-110, LLC

ARTICLE II – Address:

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

Principal Office Address:

8415 NW 116 Avenue
Doral, FL 33178

Mailing Address:

8415 NW 116 Avenue
Doral, FL 33178

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's
Signature:**

The name and the Florida street address of the registered agent are:

Antonio M. Mata-Betancourt

8415 NW 116 Avenue
Doral, FL 33178

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.

Decusigned by:

Antonio M. Mata-Betancourt

ESFACE4ED072404...

Registered Agent's Signature

H17000042904

H17000042904

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGR

Antonio M. Mata-Betancourt

REQUIRED SIGNATURE:

DecuSigned by:
Antonio M. Mata Betancourt 13/02/2017
E3FA8E48DB72404...

**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.)

Antonio M. Mata-Betancourt

Typed or printed name of signee

FILED
17 FEB 14 AM 10:59
TALLAHASSEE, FLORIDA

H17000042904