Division of Corporations L 17000034340

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FLORIDA LIMITED LIABILITY CO. LLM PROPERTIES, LLC

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Help

ARTICLES OF ORGANIZATION

FOR FLORIDA LIMITED LIABILITY COMPANY

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

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LLM PROPERTIES, LLC

ARTICLE II - Address The mailing address and street address of the principal office of the Limited Liability Company is: 6919 W. Broward Blvd., #267, Plantation, Florida 33317.



<u>6919 W. Broward Blvd., #267</u> Florida street address (P.O. Box <u>NOT</u> acceptable)

> Plantation, FL 33317 City, State, and 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.

BRYAN LEIMAN

Registered Agent's Signature

4702044680

ARTICLE IV

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

<u>Title:</u> "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	17 FEB
BRYAN LEIMAN, AMBR	5721 SW 111 Terrace Cooper City, FL 33328	FILED IS AMID: 09 ASSEE, FLORED
LEE MARTIN, AMBR	410 Sabal Way Weston, FL 33326	
AMYN LAKHANI, AMBR	4782 Sierra Lane Coconut Creek, FL 33073	
A THE OF IT STATISTICS AND ADD TO SHOW A	tran the date of filt-	

ARTICLE V: Effective date, if other than the date of filing: ______ (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI - Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

> BRYAN LEIMAN Typed or printed name of signee

