

L170000981658

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.

((H17000098521 3)))



H170000985213ABCD

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 : I20000000019
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.
MIDTOWN DORAL 1-804, LLC**

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

FILED
17 APR 11 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2ND REQUEST

Electronic Filing Menu

Corporate Filing Menu

Help

APR 12 2017

K. Brumbley

H17000098521

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:** The name of the Limited Liability Company is:**Midtown Doral 1-804, LLC****ARTICLE II – Address:**

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

Principal Office Address:9827 NW 10 TE
Miami, FL 33172**Mailing Address:**9827 NW 10 TE
Miami, FL 33172**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Margiorie Perdomo-Pacheco9827 NW 10 TE
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 registered agent as provided for in Chapter 605, F.S.


Registered Agent's Signature

H17000098521

FILED
17 APR 11 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000093521

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

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

Title:

Name and Address:

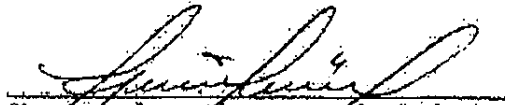
AMBR

Margiorie Perdomo-Pacheco

MGR

Gabriel Zambrano-Perdomo

REQUIRED SIGNATURE:


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.)

Margiorie Perdomo-Pacheco

Typed or printed name of signer

H17000093521