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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
12556 SW 53 CT, LLC

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

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2ND REQUEST

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MAY 09 2017
K. Brumbley

May 5, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS CORPORATE FILING SERVICE , INC.

,

SUBJECT: 12556 SW 53 CT, LLC
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Catherine M Wood
Regulatory Specialist II
New Filing Section

FAX Aud. #: H17000113264
Letter Number: 217A00008931

H17000113264

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

12356 SW 53 CT, LLC
(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:	Mailing Address:
5012 SW 173 AVE	5012 SW 173 AVE
MIRAMAR, FLORIDA 33029	MIRAMAR, FLORIDA 33029

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:

OSCAR MUNERA
Name

5012 SW 173 AVE
Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR	FLORIDA	33029
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.

X Oscar Munera
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MGR	OSCAR MUNERA 5012 SW 173 AVE MIRAMAR, FLORIDA 33029
MGR	BERTHA LIA GUTIERREZ 5012 SW 173 AVE MIRAMAR, FLORIDA 33029

(Use attachment if necessary)

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.)
Note: 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:

x _____

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..

_____
Typed or printed name of signee

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