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(Requestor's Name) (Address) (Address)	600299721756
(City/State/Zip/Phone #)	05/26/1701015004 **250.00
(Business Entity Name) (Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	DEPARTHERI GESTER
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Loa Aloha, LLC		-
		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend. File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
		Officer Search
		Fictitious Search
Signature		Fictitious Owner Search
0 -		Vehicle Search
		Driving Record
Requested by: Seth	05/06/17	UCC 1 or 3 File
	$-\frac{05/26/17}{Data}$	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE 1 - Name:**

The name of the Limited Liability Company is:

#### Loa Aloha, LLC

(Must contain 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:	
2 South Biscayne Blvd., Suite 2680	2 South Biscayne Blvd., Suite 2680	
Miami, FL 33131	Miami, FL 33131	

# 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:

 Bryn & Associates, P.A.

 Name

 2 South Biscayne Blvd., Suite 2680

 Florida street address (P.O. Box NOT acceptable)

 Miami
 FL

 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.

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: "AMBR" = Authorized Member "MGR" = Manager MGR

## Name and Address:

Mark Bryn 2 South Biscayne Blvd., Suite 2680 Miami, FL 33131

(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.

REOUIRED SIGNATURE:	
Signature of a member or an authorized representative of a me This document is executed in accordance with section 605.0203 (1) (b), I am aware that any false information submitted in a document to the Dep constitutes a third degree felony as provided for in s.817.155, F.S.	Florida Statutes.
Mark Bryn Typed or printed name of signee	
<u>Filing Fees:</u> \$125.00 Filing Fee for Articles of Organization and Designation of Registered Age	nt 22 -
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