## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO. ISABELLA V.H. LLC

Certificate of Status	1
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October 6, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: ISABELLA V.H. LLC

REF: W17000079596

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual orbusiness entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

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RYLE D BRUMBLEY
Regulatory Specialist II
New Filing Section

PAX Aud. #: H17000262989 Letter Number: 817A00020250 H17000252989

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC." or "LLC."
- Isabella V. H. LL(
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:    Company   C
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (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.)
600 Collins Ave APT 14 APT Migmi Beach FL 33140
ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:
Maykel vazquez (AMBR) Yunerkis Maya (AMBR)

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Required Signatures:

01/24/2013 01:39 Oct 04 17, 10:18p

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Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (t) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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

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)

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