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.

(((H17000312565 3)))



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 : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** annual report mailings. Enter only one email address please **

Email Address:

FLORIDA LIMITED LIABILITY CO. CRYSTAL TERRACE, LLC

والمراوا والمناف والمراوا والمنافع والم	
Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

N. SAMS

NOV 3 0 2017

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Crystal Terrace, LLC		
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC	λ'')
ARTICLE II - Address:	1	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
717 Ponce de Leon Blvd	717 Ponce de Leon I	Blvd
Suite 324	Suite 324	
Coral Gables, FL 33134	Coral Gables, FL 31	3134
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as	Office, & Registered Agent's Signature: its own Registered Agent, You must designate	an individual or
another business entity with an active Florida reg	gistration.)	
The name and the Florida street address of the re	gistered agent are:	
Metronomic	Holdings, LLC	
	Name	
	T 204	
717 Ponce de	Leon, Suite 324	
Florida street address (F	O. Box NOT acceptable)	
· Coral Gables	FL 33134	
<u>Coral Gables</u> City	Zip	
capacity. I further agree to comply with the proof my duties, and I am familiar with and accept the Registered Agent	by accept the appointment as registered agent a	ind agree to act in this d complete performance
\		WHAT NOV
	Page 1 of 2	IN 29 PH 3: 4

:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	Richard Trinidad
MCD	717 Ponce de Leon, Suite 324
MGR	Coral Gables, FL 33134
	••••••••••••••••••••••••••••••••••••••
	
(Use attachment if necessary)	
(030 1011011011011011011011)	
ective date is listed, the date must be of filling.)	are of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 o
ective date is listed, the date must be of filling.)	arc of filing:
ective date is listed, the date must be of filing.) E VI: Other provisions, if any.	acc of filing:
ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	specific and cannot be more than five business days prior to or 90 of
E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a	member of an authorized representative of a member.
ective date is listed, the date must be of filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section of a constitutes an efficient of a constitute an efficient of a constitute of a co	member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the negatives of periory that the facts stated herein are true.
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sections of a management of a manag	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sections of a management of a manag	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.) Richard Trinidad
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sections of a management of a manag	member or an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a (In accordance with sections of any aware that any false)	member or smauthorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.) Richard Trinidad Typed or printed name of signee
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree states of the section	member or smauthorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.) Richard Trinidad Typed or printed name of signee
EVI: Other provisions, if any. EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation I am aware that any false constitutes a third degree that the section of the	member or smauthorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.) Richard Trinidad Typed or printed name of signee
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree states of the section	member of an authorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.) Richard Trinidad Typed or printed name of signee Filing Fees: Organization and Designation of Registered Agent (1) (ional)
E VI: Other provisions, if any. E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a (In accordance with sectic constitutes an affirmation I am aware that any false constitutes a third degree that the section of th	member or smauthorized representative of a member. on 605.0203 (1) (b), Florida Statutes, the execution of this document on under the penalties of perjury that the facts stated herein are true, e information submitted in a document to the Department of State e felony as provided for in s.817.155, F.S.) Richard Trinidad Typed or printed name of signee