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.

(((H17000313861 3)))

H17000313861 3ABC/

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: _____

FILED
2017 NOV 30 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 NOV 30 PM 2:35
BUREAU OF CORPORATE INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
ANTIGUA 10926, LLC

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

Electronic Filing Menu Corporate Filing Menu Help

H17000313861

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Antigua 10926 , 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:**
11251 NW 20th Street Suite 119 Miami, Fl 33172	11251 NW 20th Street Suite 119 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:

Juan J. Teixeira - Da Silva
11251 NW 20th Street, Suite 119
Miami, FL 33172

FILED
2017 NOV 30 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(CONTINUED)
Page 1 of 2

H17000313861

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

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

Title:	Name and Address:
AMBR	Juan J. Teixeira - Da Silva
AMBR	Monica J. Teixeira-Godoy
AMBR	Monica M. Godoy-Camero

REQUIRED SIGNATURE:

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

(In accordance with section 605.0207(2)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Juan J. Teixeira - Da Silva

Typed or printed name of signee

FILED
2017 NOV 30 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H17000313861