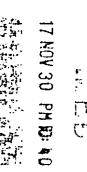
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(R	equestor's Name)
(A	ddress)
· (A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	Jusiness Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
	Office Use Only



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DEC 0 4 2017 K. Brumbley

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: LAS AUELINAS LLC Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
AMELIA L. GILSON Name of Person
Firm/Company
3900 PONCE DE LEON BLVD Address
CONAL GABLES FC 33134  City/State and Zip Code  ACTSM & Dellsonth nut  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
AMELIA GILSEN at (305) [665-3550]  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\$\$\$ \$130.00 Filing Fee & Certificate of Status \$\$\$ (additional copy is enclosed)  \$125.00 Filing Fee \$\$\$\$\$ Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Compensions  Privilege of Compensions

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

_	ty Company is:				
LAS	AVELINAS,	L2C_			
(Must cont	ain the words "Limited Liabi	lity Company, "L.L.	.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street ad	ddress of the principal office	of the Limited Liab	ility Company is:		
<u>Princip</u> :	al Office Address:		Mailing Address:		
3500 POA	WE DE LEON &	UD <u>35,00</u>	PONCE DE C	LEON BI	LUD
COAR Cet	ABLES, FL 33/34	CORA	1 GABLES, FI	33/34	
another business entity with an a The name and the Florida street:	•	nt are:			
	4		) 	17 NO	
	Nar	ne			
	Nai 3900 BACE	ne 5 DE LEOW	BL-VD	7 NOV 30 PARESS	ř
	MIEZ IA  Nai  3900 RACE  Florida street address (P.0	ne Des <i>L'ETAU</i> D. Box <b>NOT</b> accepta	BL-VD able)	egen pe	ř
	Nai 3500 BNCE Florida street address (P.C CONN GABLE	D. Box <u>NOT</u> accepta	able)	PH B	•
	Florida street address (P.C	D. Box <u>NOT</u> accepta	able)	PH.	

value designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m 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)

"AMBR" = Authorized Membe	Name and Address:
"MGR" = Manager  MGR" = Manager	AMEZIA L. GILSON  3900 PONCE DE LEONBLUD  CORAT GABLES FL.33134
AMBR	ALEXANDER GILSON
	40 MATAGN AVE CORNE GABLES, 17 33/54
(Use attachment if necessary)	
·	the date of filing: $11/27/17$ . (OPTIONAL)
TICLE V: Effective date, if other than an effective date is listed, the date mudate of filing.)  te: If the date inserted in this block d	pes not meet the applicable statutory filing requirements, this date will not be listed a
TICLE V: Effective date, if other that an effective date is listed, the date mu date of filing.)	st be specific and cannot be more than five business days prior to or 90 days after bes not meet the applicable statutory filing requirements, this date will not be listed a
TICLE V: Effective date, if other that an effective date is listed, the date must date of filing.)  ote: If the date inserted in this block declared to the Department's effective date on the Department.	st be specific and cannot be more than five business days prior to or 90 days after bes not meet the applicable statutory filing requirements, this date will not be listed a
RTICLE V: Effective date, if other than an effective date is listed, the date must date of filing.)  ote: If the date inserted in this block document's effective date on the Department.  REQUIRED SIGNATURE:  Signature This document.  I am aware that	st be specific and cannot be more than five business days prior to or 90 days after bes not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)