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.

(((H18000008605 3)))



H1800000086053AEC

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 : THERREL BAISDEN, LLP

Account Number : I20140000065 Phone : (305)371-5758 Fax Number : (305)371-3178

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

Email Address: MHOSPER @ Therrelloaisden. Coor

FLORIDA LIMITED LIABILITY CO. 13196 SW 9 LN, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

18 JAN -8 AM 9:58
SEGREJARY OF STATE
TALL AHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

'JAN 09 2018

T SCHROEDER

ARTICLES OF ORGANIZATION FOR 13196 SW 9 LN, LLC

ARTICLE I

The name of the Limited Liability Company is 13196 SW 9 LN, LLC.

ARTICLE II Address

The mailing address and street address of the principal office of the Limited Liability Company is: 11240 SW 29th Street, Miami, Florida 33165.

ARTICLE III Duration

This limited liability company shall have a perpetual existence.

ARTICLE IV Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be Mark M. Hasner, P.A., SunTrust International Center, One S.E. 3rd Avenue, Suite 2950, Miami, Florida 33131 and the name of the initial registered agent of the Limited Liability Company at that address is Mark M. Hasner, Esq.

ARTICLE V Manager-Managed Company

The Limited Liability Company is to be managed by one or more managers and is therefore a manager-managed company.

ARTICLE VI Manager

The name and address of the Managers are as follows:

Managers

Alex Corbera 11240 SW 29th Street

Miami, Florida 33165

Nancy Corbera 11240 SW 29th Street Miami, Florida 33165

The undersigned authorized representative of the members of 13196 SW 9 LN, LLC hereby executes these articles of organization on this _ day of _ lave_____, 2018.

Mark M. Hasner, authorized representative

H1800000 8605 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is 13196 SW 9 LN, LLC.
- 2. The name and the Florida street address of the registered agent and office are:

Mark M. Hasner, Esquire Mark M. Hasner, P.A. Sun Trust International Center One S.E. 3rd Avenue Suite 2950 Miami, FL 33131

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. Thurther 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.

Mark M. Hasner

FILED

18 JAN -8 AM 9:58
SECRETARY OF STATE:
ALLAHASSEE, FLORIDA