Division of Corporations Electronic Filing Cover \$heet

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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

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mail	Address:	<u> </u>		

FLORIDA LIMITED LIABILITY CO. RK 916-920 71ST STREET, LLC

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

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January 8, 2018

FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE Division of Corporations

SUBJECT: RK 916-920 71ST STREET, LLC

REF: W18000001461

We have received your document for RK 916-920 71ST STREET, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carlos E Rico Regulatory Specialist II FAX Aud. #: H18000006656 Letter Number: 218A00000372

H18000006656

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	i.
Most call with the words Timber United	7) Street LLC
ARTICLE II - Address The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address
	17100 Collins Arine, st. 225 Supray Islac Bouch, FL 33160
ARTICLE III - Registered Agent, Registered (for Limited Limital Company cannot serve as its own Register butishess entity with an antive Physics registeredon.)	Office, & Registered Agent's Signatures red Agent. You must designate an individual or souther
The name and the Flurida street address of the re-	gistered agent are:
Mitchell Cut	lex.
17100 Callins Ave Planks stoper addr	on (P.O. How NOT acceptable)
Some Isles Beach	n. 33160

Having been named as registered agant 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 dities, and I am familiar with and accept the chilgestone of my position as regimered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

City, State, and Zip

(CONTINUED) Page 1 of 2

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Title:	Name and Address:
"MCIR" = Managing Mamber	n n
MGRM	Ragnon Kata 16400 collish Aronus APAHA Surmy Isles Beach FL 33160
MGR	Daniel Kola. 348 Park Drive. Bal Harbour. FL 33164
Use attachment if necessary)	
EV: Effective date, if other than the decive date is listed, the date must be lays after the date of filing.)	face of filing:
EV: Effective date, if other than the decive date is listed, the date must be lays after the date of filing.)	
days after the date of filing.) EQUIRED SIGNATURE:	
EV: Effective date, if other than the decitive date is listed, the date must be days after the date of filing.) EQUIRED SIGNATURE: Signature of a mumber (in accompany with another)	specific and cannot be more than five business of an authorized representative of a member. ion 665. Florida features, the meanion time an affirmation moder the penalties of perjury

of Registered Agent

3 30.00 Certified Copy (Options)

6 5.00 Certified of Status (Options)

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\$124.00 Filling Fee for Articles of Organization and Designation