# 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.

(((H180000141623)))



H160000141623ABCX

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 : CORP USA

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696

Ent	er t	he	email	address	for	this	busin	225	entity	to	be	used	for	future
$\approx$	anni	ual	repor	address t mailin	gs.	Enter	only	<b>o</b> ne	email	add	ress	s ple	ase.	4.4

Email	Address:	

## FLORIDA LIMITED LIABILITY CO. 185 SE 14 TERRACE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

1/1

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - NAME:

The name of the Limited Liability Company is:

185 SE 14 Terrace 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:

1405 SW 107th Avenue, Suite 301-B Miami, Florida 33174

1405 SW 107th Avenue, Suite 301-B Miami, Florida 33174

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

Blanca C. Bichara 1405 SW 107th Avenue, Suite 301-B Miami, Florida 33174

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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as the registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

The name and address of each assume as	
Company:	thorized to manage and control the Limited Liability
Title:  "AMBR" = Authorized Member "MGR" Manager	Name and Address:
MGR and AMBR	Blanca C. Bichara 14701 SW 42 Way Miami, Florida 33185
ARTICLE V: Effective date, if other the (If an effective date is listed, the date must be a 90 days after the date of filing.)  ARTICLE VI: Other Provisions, if any None	an the date of filing (OPTIONAL) specific and cannot be more than five business days prior to or
· · · · · · · · · · · · · · · · · · ·	
	an authorized representative of a member.
constitutes an affirmation under the pena	(1) (b), Florida Statues, the execution of this document elties of perjury that the facts states herein are true. I am ed in a document to the Department of State constitute a 117.155, F.S.)
Blan	ca C. Bichara
Typed or p	printed name of signee
	Page 2 of 2