Florida l'Apartriar des te Divisol of Criptatons Electronic Lang 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.

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : CORP USA

Account Number: 072450003255 Phone: (305)634-369

Phone Fax Number : (305)634-3694 : (305)633-9696

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

Email Address:

RECEIVED

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FLORIDA LIMITED LIABILITY CO.

5305 sw 62 avenue, llc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. FRATEET,

COVER LETTER

			- 1-2-1	
	New Filing Section Division of Corporations			
SUBJEC	5305 SW 62 Avenue, LLC			
00000		f Limited Liab	ility Company	 -
The enclo	sed Articles of Organization and fee	s) are submitte	d for filing.	
Please ret	um all correspondence concerning th	is matter to the	following:	
	Jorge L. Mesa			
		Nвите о	f Person	
			ompany	
	8370 West Flagler Street Suite 216			
	Miami, FL 33144	Add	ITEES	
	j:mesa@eccolabgroup.com	City/State at	nd Zip Code	
	E-mail address: (to be a		annual report notificati	on)
For further i	nformation concerning this matter, p	lease call:		
	Jorge L. Mesa	305	970-3683	
	Name of Person	Area Code	Daytime Telephone	Number
Enclosed in	s a check for the following amount:	,		
\$125.00 F	S130.00 Filing Fee & Certificate of Status	$ ightharpoons_{ m Ccrtiff}$	00 Filing Fee & lied Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporatio Clifton Building 2661 Executive Center Tallahasses, FL 32301	Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
5305 SW 62 Avenue, LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "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:

5305 SW 62nd Avenue	5229 SW 62nd Avenue
Miami, FL 33155	Miami, FL 33155

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

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

Jorge L. Mesa Name 5229 SW 62nd Avenu Florida street address (P.O. Box NOT acceptable) Mixmi, FL 33155 City State 2ip

Having been named as registered agent and to accept service of process for the about 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 of provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

PAGE 83/84

"AMBR" = Authorized Member "MGR" = Manager MGR	
MGR	
	Jorge L. Mesa
	5229 SW 62 Avenue Miami, FL 33155
	Margin, F.P. 33.133
MGR	Natacha Ortega
	5229 SW 62 Avenue Miami, FL 33155
	Printing, P.D. 33133
	
(Use attachment if necessary)	
E VI: Other provisions, if any.	1
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	X
Signature of a men	aber or an authorized representative of a member
Signature of a men This document is execute	nber or an authorized representative of a member. d in accordages with section 605.0203 (1) (b), Florida Statutes.
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