

**L18000071634**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA DEPARTMENT OF STATE  
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**FLORIDA LIMITED LIABILITY CO.  
2168 NW 24TH AVE, LLC.**

Certificate of Status	1
Certified Copy	0
Page Count	03
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**2ND REQUEST**

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March 28, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: 2168 NW 24TH AVE, LLC.  
REF: W18000030044

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: W18000097887  
Letter Number: 118A00006277

**ARTICLES OF ORGANIZATION FOR LIMITED LIABILITY  
COMPANY  
OF  
2168 NW 24<sup>TH</sup> AVE, LLC.**

**ARTICLE I - Name**

*The name of the Limited Liability Company is:*

**2168 NW 24<sup>TH</sup> AVE, LLC.**

**ARTICLE II - Address**

*The mailing address and street address of the principal office of the Limited Liability Company is:*


**2168 NW 24<sup>th</sup> Ave  
Miami, FL 33142**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**RODOLFO BLAIN, Jr.  
14174 SW 163<sup>rd</sup> Street  
Miami, FL 33177**


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

  
Registered Agent's Signature

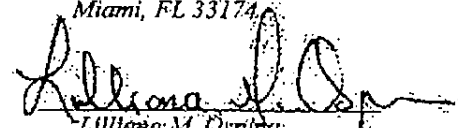
**ARTICLE IV - Management (Check box if applicable)**

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

**RODOLFO BLAIN, Jr.  
MGR (Stocks 99%)  
14174 SW 163<sup>rd</sup> Street  
Miami, FL 33174**

  
Rodolfo Blain, Jr.

**LILLIANA M. OSPINA  
AMBR (Stocks 1%)  
14174 SW 163<sup>rd</sup> Street  
Miami, FL 33174**


  
Lilliana M. Ospina


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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

H18000097887

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

IN WITNESS WHEREOF, the undersigned has hereunto set their hands and seal this March 23<sup>rd</sup>, 2018 at Miami, FL US.

  
Rodolfo Blain, Jr.

  
Lilliana M. Ospina

STATE OF FLORIDA  
COUNTY OF DADE

Sworn and subscribed before me, this 23<sup>rd</sup> of March of 2018, at Miami, FL by Mr. Rodolfo Blain, Jr. and Lilliana M. Ospina, who are known to me and presented their FDL # B450-720-62-307-0 and LO215-533-68-798-0 respectively as identification.

  
Notary Public, State of Florida

My Commission Expires:



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