

Florida Department of State  
Division of Corporations  
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**L1800083004**

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Email Address:

FLORIDA LIMITED LIABILITY CO.  
4810 ALHAMBRA LLC

Certificate of Status	0
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3

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

4810 Alhambra LLC, a Florida limited liability company

(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:**

2137 NW 2nd Ave  
Miami, FL 33127

**Mailing Address:**

2137 NW 2nd Ave  
Miami, FL 33127

**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:

George S. Zamora, Esq.

Name

3191 Coral Way, Suite 106

Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

33145

City

State

Zip

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*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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The names and address of each person authorized to manage and control the Limited Liability Company:

**Title**  
"AMBR" - Authorized Member  
"MGR" - Manager  
AMBR

**Name and Address:**

Rafael Cedeno Wolkmur  
2137 NW 2nd Ave  
Miami, FL 33127

(Use attachment if necessary)

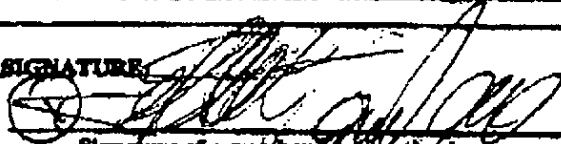
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 30 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE**



Signature of a member or an authorized representative of a member.  
This document is created in accordance with section 605.003 (1) of the Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for by s.817.125, F.S.

Rafael Cedeno Wolkmur  
Typed or printed name of signer

**Filing Fees**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 20.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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