4/12/2018



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To:				
	Divisio	n of Co	م	orations
	Fax Numi	ber	:	(850)617-6381
From:				
	Account	Name	:	CORP USA
	Account	Number	•	072450003255

Account Number	:	072450003255
Phone	:	(305)634-3694
Fax Number	:	(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;	
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\bigcirc		COVER LETTER
	то:	New Filing Section Division of Corporations
	SUBJEC	5478 HOLDINS, LLC.
		Name of Limited Liability Company
	The encl	osed Articles of Organization and fee(s) are submitted for filing.
	Please re	turn all correspondence concerning this matter to the following:
		PETER R. ABESADA, ESQ.
		Name of Person
		PETER R. ABESADA & ASSOCIATES, PA
		Firm/Company

3676 SW 2nd Street

Address

Miami, Florida 33135

City/State and Zip Code

peter@abesadataw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Malling Address New Filing Section Division of Corporations P.O. Box 6327 Tallabassee, FL 32314

\$130.00 Filing Fee &

Certificate of Status

Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5478 HOLDINGS, 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:

Crincipal Office Address:	Mailing Address:
6311 NW 201 Street	6311 NW 201 Street
Hialeah, Florida 33015	Hialeah, Florida 33015

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:

PETER R. ABESAC	A, ESQ.	
	Name	
3676 SW 2nd Street		
Florida street addres	s (P.O. Box <u>NOT</u> acc	cptabic)
Miami	Florida	33135
City	State	Zip

Having been named as registered agent and to negatively 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 605, F.S.

Registered Agent's Signature (REQUIKED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Linbility Company:

Titls: "AMBR" - Authorized Member	Name and Address:
"MOR" - Manager	
MGR	MONICA NUÑEZ
mon	6311 NW 201 Street
	Hialeah, Florida 33015
MGR	BARBARO NUNEZ
	6311 NW 201 Street
	Hialeah, Florida 33015
<u></u>	
	<u> </u>
(Use attachment if necessary)	

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ARTICLE V: Effective date, if other than the date of filing: _______, (OPTIONAL) (If an effective date is fisted, the date must be specific and cannot be more than five business days prior to or 90 days after the date of fling.)

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.

Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) The Designation of Registered Agent	
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