

# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CORPOLICENSE, INC

Account Number : 120050000118

Phone : (305)774-9506 : (305)774-9660

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

Email Address: Markolisse ( bellsouth

### FLORIDA LIMITED LIABILITY CO. CAVAMI ENTERPRISES, LLC

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Electronic Filing Menu Corporate Filing Menu

Help

H18000 172183

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF CAVAMI ENTERPRISES, LLC

#### ARTICLE I - NAME:

The name of the Limited Liability Company Is:

## CAVAMI ENTERPRISES, LLC

#### ARTICLE II - ADDRESS:

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

9561 NW 18th PLACE PLANTATION, FL 33322

ARTICLE III - Registered Agent, Registered Office, & Registered

Agent's Signature:

MIRKO LISSE 9561 NW 18th PLACE PLANTATION, FL 33322

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 herefore 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.

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H18000 172183

## ARTICLE IV - Management/Member(s):

The name and address of each Manager or Managing Member is as follows:

TITLE: NAME AND ADDRESS

MGRM Mirko Lisse

9561 NW 18th Place Plantation, FL 33322

MIRKO LISSE
9561 NW 18th PLACE
PLANTATION, FL 33322

(In accordance with section 605.0201, Florida Statutes, The execution of this document constitutes an affirmation under The penalties of perjury that the facts stated herein are true)

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