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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

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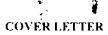


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	New Filing Section Division of Corporations	
SUBJEC"	151 SW 18 Avenue LLC	
SOBJEC	Name of Limited Liability Company	_
The enclo	closed Articles of Organization and fee(s) are submitted for filing.	
Please retu	return all correspondence concerning this matter to the following:	
	Javier Berezdivin	
	Name of Person	
	Firm/Company	
	780 NE 69th Street, Apt. 1608	
	Address	
	Miami, Florida 33138-5752	
	City/State and Zip Code javierb@aol.com	
	E-mail address: (to be used for future annual report notification)	
For further	ner information concerning this matter, please call:	
	Javier Berezdivin 305-495-4581	
	Name of Person Area Code Daytime Telephone Number	_
Enclosed	ed is a check for the following amount:	
S 125.00 F	Certificate of Status — Certified Copy — Certific (additional copy is enclosed) — Certified	Filing Fee, ate of Status & I Copy I copy is enclosed)
	Mailing Address Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability	Company is:		
151 SW 18 Avenue 1	.LC		
(Must contai	n the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address:		affina af tha Limita	d Liability Company in
The mailing address and street add	iress of the principal	office of the Limite	d Clability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
Javier Berezdivin		sar	me as principal
780 NE 69 Street, A	ot. 1608		
Miami, FL 33138			
ARTICLE III - Registered Agen (The Limited Liability Company of another business entity with an ac	annot serve as its ow	n Registered Agent.	ent's Signature: . You must designate an individual or
The name and the Florida street ac	ldress of the registere	ed agent are:	
	Javier Berezdivin		
		Name	
	780 NE 69 Street,	Apt. 1608	
	Florida street addre	ss (P.O. Box NOT	acceptable)
	Miami	FL	33138
	City	State	Zip

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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-