9/6/2018

Division of Corporations

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To:

Division of Corporations

Fax Number : (350) 617-6381

From:

Account Name : SIEGERIED, KIPNIS, RIVERA, LERNER, DE LA TORRE & MOCARSKI PA

Account Number : 076424000767 : (305)442-3334

: (305)443-3292 Fax Number

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

Email Address: Winera 16 SRHL-Loure Com

FLORIDA LIMITED LIABILITY CO.

			119 BOYD E LLC			1	
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COVER LETTER

Name of Limited Liability Company

Division of Corpora	ations	
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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar R. Rivera, Esq.
Siegfried, Rivera, Hyman, Lerner, De La Torre, Mars & Sobel, P.A.
8211 West Broward Boulevard, Sulte 250
Plantation, Florida 33324
orivera@srhl-law.com

For further information concerning this matter, please call:

TO:

Registration Department

Oscar R. Rivera, Esq. Telephone: 954-781-1134

[H180007608773]

ARTICLE I - NAME:

The name of the Limited Liability Company is: 119 BOYD E LLC

ARTICLE II -- ADDRESS:

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

Principal Office Address:

1186 N.W. 108¹⁸ Terrace Plantation, Florida 33322 Mailing Address:

1186 N.W. 108th Terrace Plantation, Florida 33322

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The Name and the Florida Street address of the Registered Agent is SKRLD, INC., 8211 West Broward Boulevard, Suite 250, Plantation, Florida 33324.

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.

SKRLD INC.

Oscar R. Rivera

Florida Bar No.: 329193

ARTICLE IV - MANAGER/DIRECTORS

<u>Title:</u>	Name and Address
Manager	Oscar R. Rivera 1186 N.W. 108 th Terrace Plantation, Florida 33322
Manager	Darlene Rivera 1186 N.W. 108 th Terrace Plantation, Florida 33322

From 9544652590 1.954.465.2590 Fri Sep 7 10:37:43 2018 MDT Page 5 of 5

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REQUIRED SIGNATURE:	Oscar ER	
Si	mature of a member or authorized representative of a member	

(In accordance with section 605.0203(1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree fellony as provided for in s.817.155.F.S.)

OSCAR R. RIVERA

Type or printed name of signee