

L18000215867

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000266032 3))



H180002660323ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
 Fax Number : (850)617 6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
 Account Number : I20180000011
 Phone : (844)386 0178
 Fax Number : (214)317 4754

RECEIVED
DIVISION OF CORPORATIONS
18 SEP 12 PM 3 01

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO. SW 80 ST, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

C RICO
SEP 12 2018

18 SEP 12 PM 3 01

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

((H18000266032 3))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: September 11, 2018

ARTICLE I – NAME:

The name of the Limited Liability Company is:

SW 80 ST, LLC

ARTICLE II – ADDRESS:

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

**14400 NW 77 COURT
MIAMI LAKES, FL 33016**

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

CARLOS HERRERA

Name

14400 NW 77 COURT

Florida Street Address

MIAMI LAKES, FL 33016

City, State, and Zip

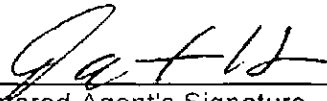
-continued-

((H18000266032 3))

18 SEP 12 PM 3 01
DIVISION OF CORPORATE REGISTRATION
STATE OF FLORIDA

((H18000266032 3))

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 605.0203 (1) (b).

x 

Registered Agent's Signature
CARLOS HERRERA

ARTICLE IV – MANAGEMENT

The Limited Liability Company is to be considered a single member LLC and is therefore a SINGLE MEMBER LLC company with single manager. The NAME and ADDRESS of initial MANAGER/MEMBER are as follows:

Title _____
Authorized Member

Name and Address:
THE FIRST RESTATEMENT OF THE
CARLOS HERRERA JR. LIVING TRUST
UTD DECEMBER 7TH 2009
14400 NW 77 COURT
MIAMI LAKES, FL 33016

-continued-

((H18000266032 3))

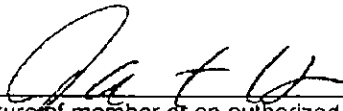
(((H18000266032 3)))

ARTICLE V BUSINESS DEDUCTIONS

Per IRS regulations the corporation may pay and deduct the health insurance and medical expenses of its directors and employees. Additionally, business auto expenses may be reimbursed to directors and employees and thus deducted from current operations.

ARTICLE VI – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: SEPTEMBER 17, 2018.

x 

Signature of member or an 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.

x 

CARLOS HERRERA
Member/Manager of LLC

September 11, 2018

(((H18000266032 3)))