

9/26/2018

Division of Corporations

L180000227836

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

18 SEP 26 AM 11:51

SECRET
DIVISION OF CORPORATIONS

****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.
1641 LINDSAY AVENUE, LLC

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Date: September 20, 2018

ARTICLE I – NAME:

The name of the Limited Liability Company is:

1641 LINDSAY AVENUE, LLC

ARTICLE II – ADDRESS:

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

**15656 NW 12TH MNR
PEMBROKE PINES, FL 33028**

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

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

LOUIS VASZ

Name

15656 NW 12TH MNR

Florida Street Address

PEMBROKE PINES, FL 33028

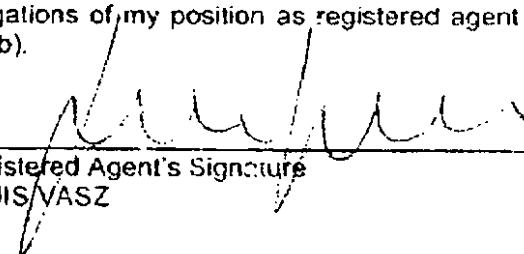
City, State, and Zip

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DIVISION OF REVENUE
STATE OF FLORIDA

((H18000280614 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
LOUIS VASZ

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be considered a multiple member LLC and is therefore a MULTIPLE MEMBER LLC company with multiple manager. The NAME and ADDRESS of initial MANAGERS/MEMBERS are as follows:

Title
Authorized Member

Name and Address:
LOUIS VASZ
15656 NW 12TH MNR
PEMBROKE PINES, FL 33028

Title
Authorized Member

Name and Address:
KAROL BASTIAS
15656 NW 12TH MNR
PEMBROKE PINES, FL 33028

-continued-

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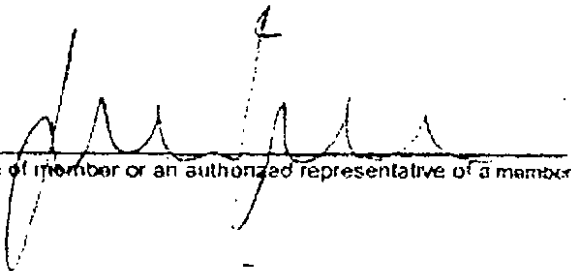
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ARTICLE V BUSINESS DEDUCTIONS

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 27, 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 
KAROL BASTIAS
Member/Manager of LLC

September 20, 2018

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