

To: 18506 6381 From: 1 94451465 Date: 06/25/19 Time: 31 AM File: 01/03

6/25/2019

**L19 000 158902**

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 : I2018000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

**\*\*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.  
1901 MCKINLEY STREET, LLC**

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Estimated Charge	\$155.00

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**JUN 26 2019**

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**ARTICLES OF ORGANIZATION FOR**  
**1901 MCKINLEY STREET, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I  
NAME

The name of the Limited Liability Company is:  
**1901 MCKINLEY STREET, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY (the Company).**

ARTICLE II  
ADDRESS

The mailing address and street address of the principal office of the Company is:  
**316 Payne Drive**  
**Miami Springs, Florida 33166**

ARTICLE III  
MANAGEMENT

The Limited Liability Company is to be managed by the member(s) who is/are designated, appointed, or elected to act as the managing member(s) in accordance with the Operating Agreement of the Company.

The managing member(s) who is designated by the managing member(s) as the ~~managing member~~ shall carry out and further the decisions and actions of the managing member(s) made under the Operating Agreement and shall be authorized to execute on any and all reports, forms, instruments, documents, papers, writings, agreements, and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages, security agreements, and any other type or form of document by which property or property rights of the Company are transferred or encumbered or by which debts and obligations of the Company are created, incurred, or evidenced, which are necessary, appropriate, or beneficial to carry out or further such decisions or actions.

In accordance with F.S. 605.0203 (1)(b), the execution of this document constitutes an affirmation under 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 felony as provided for in s.817.155, F.S.

**ENOE BUSTAMANTE**  
**316 Payne Drive**  
**Miami Springs, Florida 33166**

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19 JUN 25 AM 11:39  
TALLAHASSEE, FLORIDA  
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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Under the provisions of F.S. 605.0203 (1)(b), the Company submits the following statement to designate a registered office and registered agent in the state of Florida.

The name of the limited liability company is:

**1901 McKinley Street, LLC  
A FLORIDA LIMITED LIABILITY COMPANY.**

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

**ENOE BUSTAMANTE  
316 Payne Drive  
Miami Springs, Florida 33166**

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.

*Enoe Bustamante*  
Registered Agent: ENOE BUSTAMANTE

**AUTHORIZED REPRESENTATIVE**

*Enoe Bustamante*  
Manager: ENOE BUSTAMANTE

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