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(Red	questor's Name)	
(Add	dress)	
- (Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

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J DENNIS

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TO:

New Filing Section

19 AUG 22 4

Div	ivision of Corporations		
eun iret.	2025 NW 36th STREET LLC		
SUBJECT:	Name of Limited L	iability Company	
The enclosed	ed Articles of Organization and fee(s) are subm	itted for filing.	
Please return	rn all correspondence concerning this matter to	the following:	
	Juan De Dios Cabrera		
-	Nan	ne of Person	
:	2025 NW 36th STREET LLC		
<u>-</u>	Fin	n/Company	
	3838 NW 36th STREET		
-	,	Address	
į	Miami PL 33142		
-	City/Sta	te and Zip Code	
<u>j</u> d	jdedios10@yahoo.com		
	E-mail address: (to be used for fut	ure annual report notification	n)
For further in	nformation concerning this matter, please call:		
J	Juan De Dios Cabrera 786	303 5789	
_	Name of Person Area Co	 -	
Enclosed is	a check for the following amount:		
]\$125.00 Fili	Certificate of Status Co	155.00 Filing Fee & ertified Copy is enclosed)	\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section	

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

ARTICLES OF	ORGANIZATION FOR F	LORIDA LIMITEI	LIABILITY COMPANY	19 AUG 22 AM K
ARTICLE I - Name:				" AUE 2"
The name of the Limited Liability	Company is:			22 AM 2
				· · · · · · · · · · · · · · · · · · ·
2025 <u>NW 36th STREI</u>	ET LLC	. <u> </u>		
(Must conta	in the words "Limited I.	iability Company.	"L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad-	dress of the principal of	fice of the Limited	Liability Company is:	
<u>Principa</u>	l Office Address:		Mailing Address:	
3838 NW 36th STREI	ET	РО	BOX 660536	
Miami Fl. 33142			mi Springs FL 33266	
<u> </u>				
another business entity with an ac-		agent are:		
		Name		
	3838 NW 36th STRE	ur		
	Florida street address		cceptable)	
			·	
	Miami FL 33142 City	State	Zip	
	City	Hate	,, ₁ ,	
Having been named as registered at place designated in this certificate, t further agree to comply with the pro am familiar with and accept the obli	I hereby accept the appo visions of all statutes re	intment as register lating to the prope	ed agent and agree to act in this c and complete performance of my	capacity. I v duties, and I
	Registr	red Agent's Signs	ture (REQUIRED)	
	/ Kegiste	rea regent a right	ane (respondents	

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager MGR	Juan De Dios Cabrera PO BOX 660536 Miami Springs FL 33266
	PO BON 660536 Miami Sprinus FL 33266
MGR	PO BON 660536 Miami Sprinus FL 33266
	Miami Springs FL 33266
	
	<u></u>
(Use attachment if necessary)	
	(OPTIONAL)
LE V: Effective date, if other than the date of fitting:	d cannot be more than five business days prior to or 90 days after
of filing.)	Cambot be more than the business days prior to or you any
If the date inserted in this block does not meet the a	applicable statutory filing requirements, this date will not be listed
ument's effective date on the Department of State's	s records.
LE VI: Other provisions, if any.	
The Vinci provisions, it my.	
	<u> </u>
DEGINER SIGNATURE	
REQUIRED SIGNATURE:	
	an authorized representative of a member.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)