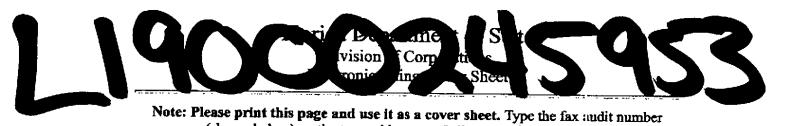
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To:			<u></u> 1,	_4
	Division of Co	rporations	<u> </u>	Ø
	Fax Number	: (850)617-6381	1.4.4.8.8.	۲,
From:			1	_
		: LAZARUS CORPORATE FILING SERVICE, INC. : 1200000000019		<u></u>
	Phone	: (305)552-5973	[7]	Ĭ
	Fax Number	: (305)675-5944		$\stackrel{-}{\sim}$
*Enter	the email addres	s for this business entity to be used for f		2
ann	nual report maili	ings. Enter only one email address please.*	b .	
Ema	il Address:			

## FLORIDA LIMITED LIABILITY CO. 1806 E OSBORNE AVENUE LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLESO	FORGANIZATION FOI	R FLORDA ( 4	MITTED LIABILITY COMPA	ANV
ARTICLE 1 - Name: The name of the Limited Liabili			= = = = = = = = = = = = = = = = = = =	
1806 E OSBORNE	AVENUE LLC			
(Must con	ain the words "Limited	Liability Con	pany, "L.L.C.," or "LLC.	<del></del>
ARTICLE II - Address: The mailing address and street a	ddress of the principal	office of the L	insted Liability Company	is:
Princip	al Office Address:		Mailing	Address:
14629 SW 104th Str Unit #498	xt	<del></del> -	14629 SW 104th Street	
Miaml, FL 33186			Unit #498 Miami, FL 33186	
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street:	cannot serve as its own ctive Florida registration	1 Registered A	l Agent's Signature: gent. You must designate:	an individual or
	Robert Moreno	о оденение.		
	TO MAKE THE TOTAL	Name	<del>-</del>	_
	14629 SW 104th Str	eet. Unit #498		
	Florida street addres	S (P.O. Box N	OT acceptable)	<del>-</del>
	Miami	Ft.	33186	
lavina haan namad na na isanad a	City	State	Zip	_

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 approximent as registered agent and agree to act in this certainty. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my luties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

Title: "AMBR" - Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Robert Moreno
	14629 SW 104th Street, Unit #498
	Miami, FL 33186
<del></del>	
_ <del></del>	•
EV: Effective date, if other than the dat	t of filing (OPTION AL)
of filing.) The date inserted in this block does not	e of filing (OPTIONAL)  secific and cannot be more than five business days prior to or 90 of meet the applicable statutory filing requirements, this da e will not lof State's records.
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