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.

(((H19000305931 3)))



H190003059313AAC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	Division of Co	rporations	$\simeq c$	70
	Fax Number	: (850)617-6381	,	9
From:			, il iii	30 610Z
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	SS	_
	Account Number	: I20000000019	S ***	5
	Phone	: (305)552-5973	-71 /-	
	Fax Number	: (305)675-5944		PH
			-	ယ
'Enter	the email address	s for this business entity to be used for	future.	
am	war report maili	ngs. Enter only one email address please.	**	
Ema	il Address:			

FLORIDA LIMITED LIABILITY CO. ALDADA STORE LLC

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

Electronic Filing Menu

Corporate Filing Menu

Elelp

N. SAMS OCT 16 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ZOIP OCT 15 PM 3

ARTICLE I - Name:

The name of the Limited Liability Company is:

ALDADA	STORE	LLC
_		

ARTICLE II - Address:

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

12620 SW 187 ST
Miami Fl 33177

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: (1). Limited Liability

Company cannot serve as its own Registered Agent. You must designate an individual or another business unitary

with an active Florida registration.)

12620 SW 187 ST.
MIAMI FL 33177

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

FILED 2019 DCT 15 PM 3: NULL ALLASSEE 1 1-34

Required Signatures:

Signature of a 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. 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.

Typed or printed name of signee

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, F.S.

Registered Agent's Signature (REQUIRED)