## Division of Corporations Electronic Filing Cover Sheet

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(((H20000046356 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : **I20000000019**Phone : (305)552-5973
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:		:	÷	ı
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## FLORIDA LIMITED LIABILITY CO. PRICE POINT PROPERTIES, LLC

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

T. BURCH \_FEB 1 1 2020

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	PRICE PC	INT PROPERTIE	ES, LLC		
(Must const	tin the words "Limited	Liability Compa	uny, "L.L.C.," or "LLC.")	<del></del>	
ARTICLE II - Address:					
The mailing address and street ad	ldress of the principal	office of the Lim	ited Liability Company is:		
Principa	i Office Address:		Mailing Address:		
2032 S.W. 124th Place	<u>e_</u>	2	032 S.W. 124th Place		
Miami, FL 33175					
ARTICLE III - Registered Ages	nt, Registered Office,	P. Danishau J.	gent's Signature:		
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ARTICLE III - Registered Ager The Limited Liability Company of mother business entity with an act The name and the Florida street ac	camor serve as its own ctive Florida registration ddress of the registere Da 2032	& Registered Ageron.) d agent are: miel Rodriguez Name S.W. 124th Place	gent's Signature: nt. You must designate an individu	CCRETARY OF S LAHASSEE, FL	

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 vapacity. 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.

(CONTINUED)

Registered Agent's Signature (REQUIRED)

3052201440

ARTICLE IV-

Title:	Name and Address:	
"AMBR" = Authorized Memb	ст	
"MGR" = Manager		
AMBR	Diosdado Rodríguez	
<del>_</del>	3601.S.W. 126 Ava.	>:.
	Miami, FL 33175	
		≥쳤
AMBR	Javier Alexander Rodriguez	<b>≯</b> ≟
	213 Hickory Dr.	
	Longwood FL 32779	<u></u>
		<u> </u>
AMBR	Daniel Rodriguez	<u> </u>
	2032 S.W. 124th Place	<del></del>
	Miami, Fl. 33175	
<del></del>	<del></del>	
		<del></del>
	an the date of filing: (OP	
LE V: Effective date, if other the fective date is listed, the date is of filing.)	nust be specific and cannot be more than five business days does not meet the applicable statutory filing requirements, th	s pirion to on 90 day
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)