L2000057919

Florida Department of State
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.

(((H200000611413)))



H2000000611413ABCP

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.\*\*

mail A
mail A

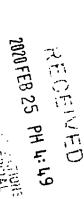
## FLORIDA LIMITED LIABILITY CO. PROPMASTERS MIAMI LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help





## ARTICLES OF ORGANIZATION FOR

20 FEB 25 AH & 59

## FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PROPMASTERS MIAMI LLC			
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability  Company is:			
4344 S.W. 1274 ST.			
MIAMI, FI 33134			
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (1) in Limited Liability  Company cannot serve as its own Registered Agent. You must designate an individual or another instiness entity  with an active Florida registration.)			
RICHARD ALAN. SIERRA			
4344 SW 12 H ST.			
MIAMI, FI 33134			
ARTICLE IV  The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)			
RICHARD ALAN SIERRA (AMBR)			
ALBERTO MIGUEL QUERO (AMBR)			

Required Signatures:

20 FEB 25 AH 8: 59

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 here by accept the appointment as registered agent and agree to act in this capacity. I further agr \*e 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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)