# rision 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.

(((H20000074422 3)))



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

: (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.\*\*

Enail	Address:			

# FLORIDA LIMITED LIABILITY CO. 4910 EAST 2 AVENUE, LLC

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

doctoop signature verification; otto://www.st.t...wjCo.htPv\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

4910 EAST 2 AVENUE, LLC

3052201440

(Must conatin the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

## Principal Office Address: Mailing Address: 13831 SW 59 Street 13831 SW 59 Street Suite 201 Suite 201 Miami, FL 33186 Miami, FL 33186 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: Gabriel Amedee Name 13831 SW 59 Street Suite 201 Florida street address (P.O. Box NOT acceptable) Miami FL 33186 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 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 Iam familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.,

Gabriel Amedee

Registered Agent's Signature (REQUIRED)

(CONTINUED)

as

dotloop signature verification; otlosin/USS1-MjGb bt/s

"MGR" = Manager	Name and Address:
Manager	Gabriel Amedee
	13831 SW 59 Street Suite 201
	Miami, FL 33186
of filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 d
E V: Effective date, if other than the date extive date is listed, the date must be sport filling.) the date inserted in this block does not ment's effective date on the Department of EVI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be of State's records.
E V: Effective date, if other than the date extive date is listed, the date must be sport filling.) the date inserted in this block does not ment's effective date on the Department E VI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be of State's records.
EV: Effective date, if other than the date extive date is listed, the date must be spot filling.) the date inserted in this block does not numert's effective date on the Department EVI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be of State's records.
EV: Effective date, if other than the date extive date is listed, the date must be spot filling.) the date inserted in this block does not numert's effective date on the Department EVI: Other provisions, if any.	neet the applicable statutory filing requirements, this date will not be of State's records.
E V: Effective date, if other than the date extive date is listed, the date must be sport filling.) the date inserted in this block does not not next's effective date on the Department of EVI: Other provisions, if any.  REOURED SIGNATURE:  Gabriell  Signature of a menus days and aware that any false	meet the applicable statutory filing requirements, this date will not be of State's records.    Conclusion of State's records
E V: Effective date, if other than the date extive date is listed, the date must be sport filling.) the date inserted in this block does not not next's effective date on the Department of EVI: Other provisions, if any.  REOURED SIGNATURE:  Gabriell  Signature of a menus days and aware that any false	meet the applicable statutory filing requirements, this date will not be of State's records.    Conclusion of State's records
E V: Effective date, if other than the date extive date is listed, the date must be sport filling.) the date inserted in this block does not not next's effective date on the Department of EVI: Other provisions, if any.  REOURED SIGNATURE:  Gabriell  Signature of a menus days and aware that any false	meet the applicable statutory filing requirements, this date will not be of State's records.    Conclusion of State's records