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.

(((H200001613083)))



To:			
- 4-	Division of C	orporations	77.17
	Fax Number	: (850)617-6381	<u> </u>
			· 特点/ 。
from:			
	Account Name	: EXPRESS CORPORATE FILING SERVICE INC.	
	Account Number	r : I20000000146	- 美社
	Phone	: (305)444-4994	58
	Fax Number	: (305)444-4977	17 7

FLORIDA LIMITED LIABILITY CO. 7330 W 29 AVE LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

JUN 0 1 2020

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

.;

ARTICLES OF ORGANIZATION FOR F	LORIDA LIMITED	LIABILITY COMPANY
AKTULI SUR UNU SALATRA TUKT	だんれんけいい じずいい しつい	

7330 W 29 AVE LLC	
(Must contain the words "Limited Liab	ility Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address:	
The mailing address and street address of the principal office	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7330 W 29 AVE	811 W 53 STREET
HIALEAH, FL 33018	HIALEAH, FL 33012
ARTICLE III - Registered Agent, Registered Office, & R	egistered Agent's Signature:
(The Limited Liability Company cannot serve as its own Reg	inderen Agent. Frid must designate int indrividuaro
(The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.)	
(The Limited Liability Company cannot serve as its own Reg another business entity with an active Florida registration.) The name and the Florida street address of the registered age JUDY DAISY SANCHE	ent are:

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..

Florida street address (P.O. Box NOT acceptable)

311 W S3 STREET

City

(CONTINUED)

FILED THIO: 37

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	JUDY DAISY SANCHEZ
	7330 W 29 AVE
	HIALEAH, FL 33018
	The state and the state of the
	4.55-11.0
(Use attachment if necessary)	she days of these (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date mute of filing.) If the date inserted in this block document's effective date on the Department.	the date of filing:
CLEV: Effective date, if other than effective date is listed, the date mute of filling.) If the date inserted in this block do	st be specific and cannot be more than five business days prior to or 90 oces not meet the applicable statutory filing requirements, this date will not
CLE V: Effective date, if other than effective date is listed, the date muste of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department of th	ist be specific and cannot be more than five business days prior to or 90 persons the applicable statutory filing requirements, this date will not cartment of State's records.
TLE V: Effective date, if other than effective date is listed, the date mu e of filing.) If the date inserted in this block document's effective date on the Department's effective date on the Department of the	st be specific and cannot be more than five business days prior to or 90 pes not meet the applicable statutory filing requirements, this date will not cartment of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent S 30.00 Certified Copy (Optional) S 5.00 Certificate of Status (Optional)