

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.

(((H200001746763)))



H200001746763ABC0

	NOT hit the REFRESH/RELOAD button on your browser from Doing so will generate another cover sheet.	ms page.
To:	Division of Corporations Fax Number : (850)617-6381	
From:	Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : 120000000146	·

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

: (305)444-4994

: (305)444-4977

Email Address:

FLORIDA LIMITED LIABILITY CO. 6419 PINE AVENUE, LLC

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

2020 JUN 10 AH 8: 1

Phone

Fax Number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

6419 Pine Avenue, LLC

(Must contain 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;

9380 Balada Street Coral Gables, Florida 33156 9380 Balada Street Coral Gables, Florida 33155

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:

Chad R. Loweth

Name

9380 Balada Street

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

Coral Gables Florida 33156

City State Zip

Having bean named as registered agent and to accept service of process feathe above stand limited liability company at the place designated in this cartificate, I haveby accept the appointment as registered agent and agrees to act in this carpaint. I further agree to comply with the provisions of all favours relating to the proof and complete performance of my diata, and I am familiar with and accept the obligations of proposition as registered agent to provided for in Chapter 605, F.S.

Registered Agent's Signifure (REQUIRED)

(CONTINUED)

	od 3 danash wa	Name and Address	
"AMBR" = Authorize "MGR" = Manager	in tecumen		
MGR		Chad R. Loweth	
, MOX		9380 Balada Street	
		Coral Gables, FL 33156	
		•	
		•	
			
	• ,		
(Use attachment if no	ccssary)		
	f other than the date	of filing: (OPTIONAL)	
LEV: Effective date, i			
effective date is listed, the of filing.)	he date must be spe his block does not t	ecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be I of State's records.	
Hective date is listed, the of filing.) If the date inserted in the	he date must be spons block does not us on the Department	neet the applicable statutory filing requirements, this date will not be I	
effective date is listed, the of filing.) If the date inserted in the currient's effective date.	he date must be spons block does not us on the Department	neet the applicable statutory filing requirements, this date will not be I	
effective date is listed, the of filing.) If the date inserted in the currient's effective date.	he date must be spons block does not us on the Department	neet the applicable statutory filing requirements, this date will not be I	
effective date is listed, the of filing.) If the date inserted in the currient's effective date.	the date must be spinis block does not to on the Department is, if any	neet the applicable statutory filing requirements, this date will not be I	
Effective date is listed, the of filing.) If the date inserted in the current's effective date of the CLE VI: Other provision REQUIRED SECTION SECTI	he date must be spins block does not pon the Department is, if any.	neet the applicable statutory filing requirements, this date will not be I	

Films Free:
5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
5 30.60 Certificate of Status (Optional)
8 5.00 Certificate of Status (Optional)

Typed or printed came of signee

2020 JUN 10 AM 4: 59