3052201440

orida Department of State

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**Enter	the email address for this business entity to be used for future.
anı	nual report mailings. Enter only one email address please.**
Fma	mil Address:

FLORIDA LIMITED LIABILITY CO. VANDAM 595 LLC

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

ARTICLES OF ORGANIZATION F		

ARTICLE	- Name
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The name of the Limited Liability Company is:

Vandam 595 LLC

3052201440

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

ARTICUE II - Address:

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

Principal Office Address:

Mailing Address:

595 East 10th Avenue

Hialeah, FL 33010

595 East 10th Avenue

Hialeah, FL 33010

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:

Northwest Registered Agent LLC

Name

7901 4th St N STE 300

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

St. Petersburg

FI

3370Ż

City

State

2ip

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.

on Glove Tom Glover

Northwest Registered Agent LLC

- Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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		(2.110 E10 E00(00) 01	caci person aumorized	o manage and control the L	imited Liability Company;	
		Title: "AMBR" = Authorized N "MGR" = Manager	dember	Name and Address:		
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