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FLORIDA LIMITED LIABILITY CO. 6020 WHITE HERON LANE, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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9 .	FIL		
ARTICLES OF ORGANIZATION FOR FLORIDA	ALIMITEO LIABILITY COMPÂÑŶJ AUG 28		
ARTICLE 1 - Name:	50 1448S		
The name of the Limited Liability Company is:	26.1 - 4.420		
6020 White Heron Lane, 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 t Principal Office Address:	he Limited Liability Company is: <u>Malling Address</u> :		
	9380 Balada Sirect		
9380 Balada Street	Coral Gables, Florida 33156		
Coral Gables, Florida 33156			
ARTICLE III - Registered Agent, Registered Office, & Registered Linkited Liability Company cannot serve as its own Register another business entity with an active Florida registration.)	red Agent. You must designine an intrivious of		
ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent a	red Agent. You must designine an intrivious of		
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ARTICLE III - Registered Agent, Registered Office, & Registered Liability Company cannot serve as its own Register another business entity with an active Florida registration.) The name and the Florida street address of the registered agent a	red Agent. You must designine an intrivious of		

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..

Coral Gables

City

(CONTINUED)

-1325E77179-24C7 Registered Agent's Signature (REQUIRED)

Florida

State

Zip

. 2000	.a.				
ARTICLE The pame a	IV- and address of each p	erson authorized	to manage and contro	I the Limited Lia	oility Company:
<u>Tille:</u> "AMBR" = "MGR" = A	- Authorized Member Vanager	,	Name and Address	ŭ.	
MGR		938	d R. Loweth O Balada Street al Gables, FL 33156		
4 -1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					
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	ment if necessary)	at a desar a section a		d.	CONTIONIAEN
ARTICLE V: Effect	ls listed, the date m	ist be specific ar nes not meet the	applicable statutory fi	m five business d	ays prior to or 9
(If an effective date	provisions, if any.				
(If an effective date I the date of filing.) Note: If the date ins the document's effect ARTICLE VI: Other	erive date on the Deprovisions, if any.				
Note: If the date ins the document's effect ARTICLE VI: Other	provisions, if any. Descriptions of the Deprevisions, if any. Descriptions of the Deprevision of the Deprevisions of the Deprevision of the Depr	e of a member o is executed in ac any felse inform		esentiative of a n 605.0203 (1) (b) scument to the Do	iember. , Florida Statutes

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