Division 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.

(((H20000373852 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 Cor Fax Number	rporations : (850)617-6381		29	
	AH 8: 44	TIONAL SON	Account Name Account Number Phone Fax Number	: EXPRESS CORPORATE FILING SERVICE INC. : I20000000146 : (305)444-4994 : (305)444-4977	: :	2929 OCT 28 P	
	20 OCT 28			ress for this business entity to be used for illings. Enter only one email address please.		H 4: 54	
-	70	1	Email Address:				

FLORIDA LIMITED LIABILITY CO. 7225 SW 53 CT, LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
7225 SW 53 CT, 1	LLC	<u></u>		_
(Must co	ontain the words "Limited I	iability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	fice of the Limit	ed Liability Company is:	
<u>Princ</u>	ripal Office Address:		Mailing Address:	
1643 Brickell Av.	#1004	<u>1</u> 0	543 Brickell Av. #1004	
Miami FL 33129		<u>N</u>	fiami FL 33129	
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	iny connot serve as its own	Registered Ager	gent's Signature: it. You must designate an individual or	
The name and the Florida stro	et address of the registered	agent are:		
	Mariangel Gonzalez-	Longo		
		Name		
	1643 Brickell Av. #1	004	<u></u>	
	Florida street addres	s (P.O. Box <u>NO</u>	[acceptable)	
	Miami FL 33129			
	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 I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

2020 OCT 28 PH 4: 54

	m authorized to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member "MGR" = Manager	Cinme and Address:
MGR	Mariangel Gonzalez-Longo 1643 Brickell Av. #1004 Miami, FL 33129
(Use attachment if necessary)	(OPTIONAL)
ARTICLE V: Effective date, if other than t	es not meet the applicable statutory filing requirements, this date will not be
ARTICLE V: Effective date, if other than to (If an effective date is listed, the date must the date of filing.)	es not meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE V: Effective date, if other than to (If an effective date is listed, the date must the date of filing.) Note: If the date inserted in this block do the document's effective date on the Department of the Country of the Country of the REQUIRED SIGNATURE:	es not meet the applicable statutory filing requirements, this date will not be listed a