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.

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Doing so will generate another cover sheet.

Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944  *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	Account Number : I20000000019 Phone : (305)552-597 Fax Number : (305)675-594  **Enter the email address for this busi	ness entity to be used for f	ල් සෙදි ග්ර්ථා tutuire *
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From:	Account Name 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PRATE FILING SERVICE, INC.	55.
Fax Number : (850)617-6381		ı	- AHA

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T. SCOTT

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLESO	FORGANIZATION FOR F	LORIDA LLI	ALTED LIABILITY COMPANY
ARTICLE I - Name:			
The name of the Limited Liabili	ty Company is:		
F S 2407 LLC			
(Must cont	ain the words "Limited L	iability Com	pany, "L.L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and street a	ddress of the principal of	fice of the L	mited Liability Company is:
Princip	al Office Address:		Mailing Address:
9601 SW 160 TH ST			99 N ROYAL POINCIANA BLVD
MIAMI FL 33157			MIAMI SPRINGS FL 33166
ARTICLE III - Registered Age The Limited Liability Company another business entity with an a The name and the Florida street	cannot serve as its own I active Florida registration address of the registered a	Registered A	i Agent's Signature: gent. You must designate an in-Jividual or
	MMVPP LLC	Name	
		ITAINO	
1	99 N ROYAL POINC		<del></del>
•	Florida street address	(P.O. Box <u>N</u>	OT acceptable)
	MIAMI SPRINGS	FL	33166
	City	State	7 in

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)



AMBR	LUIS FERNANDO PAEZ 3178 NW 103 CT
	DORAL FL 33172
AMBR	MMVPP LLC 99 N ROYAL POINCIANA BLVD MIAMI SPRINGS FL 33166
The attachment if	
ctive date is listed, the date must be s f filing.) the date inserted in this block does not	te of filing: 02/09/2021 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90  meet the applicable statutory filing requirements, this date will no
EVI: Other provisions, if any.	t of State's records.
REOUIRED SIGNATURE	
J. J. J.	

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

LUIS FERNANDO PAEZ

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)