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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (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.\*\*

Email Address:	Email	Add	ress	•		
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## FLORIDA LIMITED LIABILITY CO. 93/95 NW 75 AVE MIAMI FL LLC

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03
\$130.00

## ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

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

- 93/95 NW 75 AVE Migni F-L LIC
ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability  Company is:
12139 SW 72 TER
MiAM: F/ 33/83
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: 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.)
LKP RENTALS LIC
12/39 SW 72 TER
MiAMi F1 33183
ARTICLE IV  The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)
JUAN LIMENEZ MORF
P I III III III III III III III III III

## Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

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 m Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)