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.

(((H21000272229 3)))



1210002722293ARC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
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,

Email /	Address:		_	
---------	----------	--	---	--

FLORIDA LIMITED LIABILITY CO. EBENEZER 83, 444

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

2021 JUL 20 FH 4:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

Ebenezer 83, LLC	3: 53
	_
The mailing address and street address of the principal office of the Limited Company is:	
CVO - 10	Liability
- 5400 MW 180 HRR	
Miami Gardens FL	
DURCIPAST	3302
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	£1.1.1.
with the active Florida registration.)	Stability
600 SSELLO Pilia a 5400 NW 180 Terr	
5400 NW 180 Terr	
Miami Gardens FL 33055	·
ARTICLE IV	
The name and title of each person authorized to manage and control the Limite Liability Company: (MGR or AMBR)	પ્તે -
MBR GISCOLLO PIOCO	u.
MBR Gisselle Pieiga	
	
	·

Required Signatures:

(Joseph)

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 Depart nent of State constitutes a third degree felony as provided for in s.817.155, F.33

Typed or printed name of signee

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 is provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)