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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. 2411 HOLDINGS, LLC

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

Electronic Filing Menu

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	2411 H	Holdings, LLC		
(Must cont	ain the words "Limited I	Liability Compan	y, "L.L.C.," or "LLC.")	
ARTICLE II - Address:	dd	·		I
he mailing address and street ac	duress of the principal o	thee of the Limite	d Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
355 Alhambra Circ		35	5 Alhambra Circle, Suite 1100)
Coral Gables, FL 3	3134		ral Gables, FL 33134	
the Limited Liability Company nother business entity with an a	ictive Florida registratio	Registered Agent n.)	ent's Signature: . You must designate an individual of the control	
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The Limited Liability Company nother business entity with an a the name and the Florida street a	cannot serve as its own active Florida registration address of the registered	Registered Agent n.) lagent are: Vonn Bell Name	You must designate an individual of	21 JUL 29
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the Limited Liability Company nother business entity with an a	address of the registered 355 Alha Florida street address	Registered Agent n.) l agent are: Vonn Bell Name ambra Circle, S	uite 1100	21 JUL 29

(CONTINUED)

Registered Agent's Signature (REQUIRED)

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

'AMBR" = Authorized Member 'MGR" = Manager	Name and Address:
MGR	Vonn Bell
	355 Alhambra Circle, Suite 1100 Coral Gables, FL 33134
	COTOT CADIES, FL 33134
	· · · · · · · · · · · · · · · · · · ·
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	두성 プ
	SED CO L
Use attachment if necessary)	
	, man 2
V: Effective date, if other than the dat	e of filing: (OFTIONAL)
tive pare is fisted, the date must be s	pecific and cannot be more than five business days prior to br 90
1811E-7	
ant's affective data at the D	meet the applicable statutory filing requirements, this date will no
ent's effective date on the Departmen	t of State's records.
VI: Other provisions, if any.	
VI: Other provisions, if any.	
EQUIRED SIGNATURE:	
Signature of a m	nember or an authorized representative of a member. Attend in accordance with section 605,0203 (1) (b) Florida Statutes
Signature of a m This document is exect I am aware that any fals	nember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. See information submitted in a document to the Deny timent of Statutes.
Signature of a m This document is exect I am aware that any fals	Ember or an authorized representative of a moreher
Signature of a m This document is exect I am aware that any fals	member or an authorized representative of a member. ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State are felony as provided for in s.817.155, F.S.
Signature of a m This document is exect I am aware that any fals	nember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b), Florida Statutes. See information submitted in a document to the Deny timent of Statutes.