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.

(((H21000402508 3)))



H210004025083ABQW

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 : 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:

FLORIDA LIMITED LIABILITY CO. 135 COCO PLUM LLC

1
0
03
\$130.00

Electronic Filing Menu

Corporate Filing Menu

Heip



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words *Limited Liability Company, "LLC.," or "LLC.)

135 Coco Plum LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

9431 SW 57 Terr. Miami, FL 33173

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.)

Mayrin Caceres, trustee of the Mayrin Caceres,
Revocable Living trust

9431 SW 57 Torr
Miami FL 33173

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

MGIR - Maylin Caceres, trustee of the Maylin Caceres Revocable Living Trust

MGR - Mariano Caceres Arustee of the Mariano Caceres Revocable Uning Trust

Öiri 1

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, P.3.

Typed or printed name of signee

Having been named as registered agent and to accept service of process for the above stated limited limitity 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)

新年 (1) 2021 OCT 29 PH 2: 21 SECRETORY (1) 5 日