Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Cor	porations	
	Fax Number	: (850)617-6381	•
			•
From:			
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.	
	Account Number	: 120000000019	
	Phone	: (305)552-5973	

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please..

: (305)675-5944

Email Address:

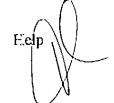
FLORIDA LIMITED LIABILITY CO. MUNOZ PROPERTIES #3 LLC

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

Electronic Filing Menu

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Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	MUNOZ P	ROPERTIES #3 LLC	
(Must	end with the words "Limited	d Liability Company,	"L.C." or "U.C.")
RTICLE II - Address:			South Co. Co.
ic mailing address and on	one oddana a Cal		
to menting addicate that alle	eet address of the principal o	office of the Limited Li	iability Company is:
· Pri	ncipal Office Address:		R.E. Mar.
	-		Mailing Address:
14138 NW 88.P		14138	NW 88 PLACE
MIAMI LAKES	5, FL 33018	MIAM	II LAKES, FL 33018
CTICLE III - Registered	Agent, Registered Office,	& Registered Agent Vo	s Signature:
other business entity with	I Agent, Registered Office, pany cannot serve as its own an active Florida registration reet address of the registered	Registered Agent, Yo nr.)	s Signature: u must designate an individual or
other business entity with	pany cannot serve as its own in an active Florida registration reet address of the registered	Registered Agent. Yoon.) Logent are:	u must designate an individual or
other business entity with	pany cannot serve as its own in an active Florida registration reet address of the registered	Registered Agent, Yo nr.)	u must designate an individual or
other business entity with	pany cannot serve as its own an active Florida registration reet address of the registered JA	Registered Agent. Yoon.) I agent are: VIER MUNOZ Name	u must designate an individual or
other business entity with	pany cannot serve as its own an active Florida registration reet address of the registered JA 14138 NW 88 PLAC	Registered Agent. Yoon.) I agent are: VIER MUNOZ Name	eu must designate an individual or
other business entity with	pany cannot serve as its own an active Florida registration reet address of the registered JA 14138 NW 88 PLAC	Registered Agent, Yoon.) I agent are: VIER MUNOZ Name	eu must designate an individual or

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 60%, F.S.

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

01/08/2022	15:33	3052201440	LAZARUS CORPORATE	PAGE	03/03
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			×	-	•
	ARTI	CLE IV-			
	The na	me and address of each persi	on authorized to manage and control the Limited Liability Company:		
	Title:	,	on administrated to manage and control the Limited Liabil ty Company:		
	"АМВ	R" = Authorized Member	Name and Address:		
	"MGR	" = Manuger }			
•	711/157		JAVIER MUNOZ		
			14138 NW 88 PLACE MIAMI LAKES, FL 33018		
				2022	
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	(Use atta	ichment if necessary)		ហ	
(BY)					
(lf an	effective da	ective date, if other than the date must be	specific and cannot be more than for the (OPTIONAL)		
the da	te of filing.)	,	and the more man live outsiness days prior to or 90	days after	Ť
the do	ii the date ocument's ef	inserted in this block does not fective date on the Departme	ot meet the applicable statutory filing requirements, this date will not	be listed a	21
		•	on State's records.		•
	CEE VI; Oil	her provisions, if any:			
	· · · · · · · · · · · · · · · · · · ·				
	REQUIR	ED SIGNATURE:	<i>-</i>		
		X Tani	u- and		
		Signature of a s	member or an authorized representative of a member.		
		I am aware that any fa	lise information submitted in a decument of (1) (b), Florida Statutes.		
		constitutes a third degi	ree felony as provided for in s.817.155, F.S.		
			JAVIER MUNOZ Typed or printed name of signee		
			Types or printed name of signee		
	\$125.00	Filing fice for Articles of O	Filing Fees:		
	T	Security Cobb (Oblight)	rganization and Designation of Registered Agent		
	5. 5.00	Certificate of Status (Option	onal)		

Page 2 of 2