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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

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## FLORIDA LIMITED LIABILITY CO. 16501 RLP, LLC

Certificate of Status	1		
Certified Copy	0		
Page Count	03		
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## ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

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

16501 RLP, LLC

ARTICLE II - Address:

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

338 Minorca Avenue

Coral Gables, Florida 33134

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.)

Roxana Lopez Perez 19690 fed 198 H mianer FC 33187

ARTICLE IVThe name and title of each person authorized to manage and control the Limited HE Liability Company:

Roxana Lopez Parez -AMBR

Required Signatures:

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.

Roxana Lopez Perez

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 obligation? of my position as registered agent as provided for in Chapter 605. E.S..

Registered Agent's Signature (REQUIRED)

SECREJARY OF SIAIE