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.

(((H220000567043)))



H220000567043ABC-

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone : (800)905-9220 Fax Number : (800)906-9880

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

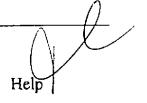
Email	Address:		

## FLORIDA LIMITED LIABILITY CO. WAY LISH LLC

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

Electronic Filing Menu

Corporate Filing Menu



ARTICLESOR	ORGANIZATION FOR F	LORIDALIM	ITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability	y Company is:			(((H220000	156704 3)))
WAY LISH LLC (Must cont	ain the words "Limited L	lability Com	pany, "L.L.C.," or "LUC.")	<del></del>	
ARTICLE II - Address: The mailing address and street ad		•		<u>;</u>	2022 F
Princip:	al Office Address:		Mailing Address:		品二
	Nit 2302, MIAMI BEACH		450 ALTON ROAD, UNIT 2302,	MIAMI BEA	CH. FL. 3139 CH. GH. CH. CH. CH. CH. CH. CH. CH. CH. CH. C
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own l	Registered A	Agent's Signature: gent. You must designate an individ	hual or	ယ္
The name and the Florida street	address of the registered	agent are:			
	JEFFREY MESHEL				
		Name			
	450 ALTON ROAD,	UNIT 2302			
	Florida street address	(P.O. Box N	OT acceptable)		
	MIAMI BEACH	FL	33139		
	City	State	Zip		
<del>-</del>			for the above stated limited liability		

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 agreestered agent as provided for in Chapter 605, F.S..

eneral Acemis Siemanic (REQUIRED)

(CONTINUED)

ARTICLE IV-

#	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	JEFFREY MESIJEL
<del> </del>	450 ALTON ROAD, UNIT 2302
	MIAMI BEACIL, FI. 33139
AMDD	N1007 - 1111111111 ( ) )
AMBR	NICOLE WHITMAN 450 ALTON ROAD, UNIT 2302
	450 ALTON ROAD, UNIT 2302 MIAMI BEACH, FL 33139
	J.
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	73 - K
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• •	the date of filing: (OPTION AT)
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E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block do nem's effective date on the Department's effective date on the Department is EVI: Other provisions, if any.  REOURED SIGNATURE:  This document is 1 am aware that a	es not meet the applicable statutory filing requirements, this date will not be interest of State's records.