

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.

(((H22000058234 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

From:			
	Account Name : EXPRESS Account Number : 12000000	CORPORATE FILING SERVICE I 20146	NC.
	Phone : (305)444		
	Fax Number : (305)328	3-4774	
E		FED LIABILITY CO.	
E 	FLORIDA LIMIT 15385 SW 76	TED LIABILITY CO. TERRACE, LLC	
E	FLORIDA LIMIT 15385 SW 76 Certificate of Status	TERRACE, LLC	
E	FLORIDA LIMIT 15385 SW 76 Certificate of Status Certified Copy	TERRACE, LLC 0 1	
E 	FLORIDA LIMIT 15385 SW 76 Certificate of Status	TERRACE, LLC	

Electronic Filing Menu Corporate Filing Menu

Help

61 an ... 1 51

1.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15385 SW 76 Terrace, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
15385 SW 76 Terrace, Unit 203	841 MONTICELLO AVE
Miami, FL 33193	DAVIE, FL 33325

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Plorida registration.)

The name and the Florida street address of the registered agent are:

MANCEBO L	AW & TITLE	
	Name	
250 CATALO	ONIA AVE. SU	TE 302
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
CORAL GAL	3LES, FL 3313	4
City	State	Zip

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 firsther 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.

red Agent's Signature (REQUIRED) CONTINUED)

61:11

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u> "AMBR" =: Authorized Member	Name and Address:
MGR = Managor	
MGR	MASTER CHIEF HOLDINGS, LLC 841 MONTICELLO AVE DAVIE, FL 33325

(Usë attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: ______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes. 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. <u>TERESA M. MARTINEZ</u> Typed or printed name of signee <u>Fling Fees</u> : 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)	<u>EOUIRED</u> SIGNATURE:	Anna 0	Mountin;
Typed or printed name of signee Fling Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certified Copy (Optional)	This document i I am aware that a	executed in accordance with a ny false information submitted	section 605.0203 (1) (b), Florida Statutos I in a document to the Department of Stat
Fling Fees: 125.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certifled Copy (Optional)		TERESA M. MAR	TINEZ
25.00 Filing Fee for Articles of Organization and Designation of Registered Agent 30.00 Certifled Copy (Optional)		Typed or printed nan	ne of signee
30.00 Certified Copy (Optional)		Filing Reest	
	125.00 Filing Fee for Article	of Organization and Design	nation of Registered Agent
5.00 Certificate of Status (Optional)	30.00 Certified Copy (Opti	nal)	
	5.00 Certificate of Status (Optional)	