Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

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

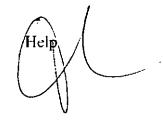
Email	Address:	 	 	 _

FLORIDA LIMITED LIABILITY CO. 859 NE 115 BISCAYNE PARK, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

859 NE 115 BISCAYNE PARK, LLC

Page: 3 of 4

(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:
20295 NE 29th Place #200	20295 NE 29th Place #200
Aventura, FL 33180	Aventura, FL 33180

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 Florida registration.)

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

C T Corporation Sys	tem	
	Name	
1200 South Pine Isla	nd Road	
Florida street addres	s (P.O. Box <u>NOT</u> acc	eptable)
Plantation	Florida	33324
City	State	Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 🔃 the place designated in this certificate. I hereby accept the appointment as registered agent und agree to act in this capacity. \$\Pi\$ further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

C T Corporation System

By: Ternell Kearney.

Registered Agent's Sygnature (REQUIRED)

(CONTINUED)

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

Title:	Name and Address:			
"MGR" = Ma	outhorized Member unager			
MGR	Garfield Antonio			
******	20295 NE 29th Place #200			
	Aventura, FL 33180	<u> </u>		
				
(Use attachnie	ent if necessary)			
	rted in this block does not meet the applicable statutory filing requirements, this dat we date on the Department of State's records.	te will not be	: listed a	ıs
ARTICLE VI: Other pa	rovisions, if any.		_	
REOUIRED	SIGNATURE:		201	
	Signature of a member or an authorized representative of a member.		22	
	This document is executed in accordance with section 605.0203 (1) (b), Florida		MAR	
	I am aware that any false information submitted in a document to the Departmen		~	
	constitutes a third degree felony as provided for in s.817,155, F.S.	3S. Y.M.	~	
	Kimberly Rowens	∏⊊;	>	T
	Kimberly Bowens Typed or printed name of signee	ال الك	A	F
	· · · · · · · · · · · · · · · · · ·	95	2 1:6 :	Ψ,
	Filing Fees:	87	<u>-</u>	
	ing Fee for Articles of Organization and Designation of Registered Agent	<u>.</u>	~	
\$ 30.00 Ce	rtified Copy (Optional)			

\$ 5.00 Certificate of Status (Optional)