Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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# FLORIDA LIMITED LIABILITY CO. ART FOR A CAUSE, LLC

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

Electronic Filing Menu

Corporate Filing Menu



#### To: +18506176331

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## ART FOR A CAUSE, 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:

10509 NW 66th Street

8333 NW 53rd Street, Suite 450

Doral Florida

10509 NW 66th Street , Doral, Florida 33178

Doral FL 33166 4333 NW 53rd Street, Suite 450 , Doral, Ft, 33186

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:

Registered Agents Inc.

7901 4th St N STE 300

State

Florida street address (P.O. Box NOT acceptable)

St. Petersburg

33702

City

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 stanues 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.,

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title; "AMBR" = Authorized Me	Name and Address:
"MGR" = Manager AMBR	Julia Berrics 10509 Nyr 66 \$ Street DORAL, FL 33178
AMBR	Brickell Heights, FL 13130
AMBR	10420 NW 74404 204 204 2018 11 33178 11 204
MGR_	Medicy, FL 33178 7 20 20 20 20 20 20 20 20 20 20 20 20 20
(Use attachment if necessar  ARTICLE V: Effective date, if other (If an effective date is listed, the dat	
the date of filing.)  Note: If the date inserted in this blo the document's effective date on the	ck does not meet the applicable statutory filing requirements, this date will not be listed. Department of State's records.
ARTICLE VI: Other provisions, if ar	ıy.
REOUIRED SIGNATUR	E: Vith A-Carcega
This docum I am aware	nent is executed in accordance with section 605.0203 (1) (b), Florida Statutes, that any false information submitted in a document to the Department of State a third degree felony as provided for in s.817.155, F.S.
· <u>·</u>	Typed or printed name of signce

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)