Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 Fax Number : (215)977-9386

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.

Miami Stretch LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Miami Stretch	LLC			
	t contain the words "Limited	Liability Company,	"L.IC.," or "LLC.")	
ARTICLE II - Address: The mailing address and st	reet address of the principal o	office of the Limited	Liability Company is:	
<u>P1</u>	rincipal Office Address:		Mailing Address:	
2901 Ponce de	Leon		Wild Orchid Lane	··-
Unit N-206		<u>Mar</u>	co Island, FL 34145	.
Coral Gables, F	L 33134			
(The Limited Liability Cor another business entity wi	th an active Florida registration	Registered Agent, on.)	nt's Signature: You must designate an individual	lor
(The Limited Liability Cor another business entity wi	npany cannot serve as its own	Registered Agent, on.)		lor
(The Limited Liability Cor another business entity wi	npany cannot serve as its own than active Florida registration street address of the registered	Registered Agent, on.)		•••
(The Limited Liability Cor another business entity wi	npany cannot serve as its own than active Florida registration street address of the registered Jeffrey R. Peterson	Registered Agent, on.) dagent are:		•••
(The Limited Liability Cor another business entity wi	npany cannot serve as its own than active Florida registration street address of the registered	Registered Agent, on.) I agent are: Name	You must designate an individua	2022 HAR Shunki i saluaha
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(The Limited Liability Cor another business entity wi	npany cannot serve as its own than active Florida registratic street address of the registered Jeffrey R. Peterson 336 Wild Orchid Lar Florida street addres	Registered Agent, on.) I agent are: Name s (P.O. Box NOT a	You must designate an individual	2022 HAR 2 SECONT TAR FALLAHAS

(CONTINUED)

Registered Agent's Signature (REQUIRED)

03/25/2022 2:55 PM

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To:

"MGR" = Manager	Name and Address:
AMBR	Jeffrev R. Peterson 336 Wild Orchid Lanc Marco Island, FL 34145
AMBR	Natalie Bachich 336 Wild Orchid Lane Marco Island, FL 34145
	
(Use attachment if necessary)	of filing: (OPTIONAL)
effective date is listed, the date must be species of filing.)	of filing:
the date inserted in this block does not me cument's effective date on the Department of	of State's records.
CLE VI: Other provisions, if any.	AA RID:
REQUIRED SIGNATURE:	effrey Peterson
Signature of a mer This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
Signature of a mer This document is execute I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

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)