

Florida Department of State
Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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FLORIDA LIMITED LIABILITY CO.
1945 ANGLERSCOVE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION

FOR

1945 ANGLERSCOVE, LLC

ARTICLE - NAME:

The name of this Limited Liability Company ("Company") shall be:

1945 ANGLERSCOVE, LLC

ARTICLE - ADDRESS

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

2955 S.W. 112 Avenue, Miami, Florida 33165

ARTICLE - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such managers is:

JOSE JULIAN CASAS, JR.
2955 SW 112 AVE
MIAMI, FL 33165

and

BELKIS CASAS
2955 SW 112 AVE
MIAMI, FL 33165

ARTICLE - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

ARTICLE - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be: determined by a unanimous

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vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.



BELKIS CASAS, SIGNATURE ABOVE

Signature of a member or an authorized representative of a member
(In accordance with section 605, Florida Statutes, the execution of this
affidavit constitutes an affirmation under the penalties of perjury that the facts
stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. THE NAME OF THE LIMITED LIABILITY COMPANY IS: 1945 ANGLERS COVE, LLC
2. The name and the Florida street address of the registered agent is:

BELKIS CASAS

Name

2955 SW 112 Avenue

Florida street address

MIAMI, FLORIDA 33165

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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 as registered agent.



BELKIS CASAS, SIGNATURE ABOVE