Florida Department of State

LAZARUS CORPORATE

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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

Email 1	Address:				

FLORIDA LIMITED LIABILITY CO. 1140 MIAMI LLC

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

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Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Liability Company is:
1190 Miami LLC
- 1776/ WITAMI LL
ARTICLE II - Address:
Omponential address and street address of the
The mailing address and street address of the principal office of the Limited Liability Company is:
1300 1 CII.
Science Teles Floring Aug. Apt 23 05
Sciency Isles FL 33160
53/60
A DAW or -
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limited Liability with an active Florida registered Agent. You must designate an individual or another hustiness are in the control of the limited Liability with an active Florida registration.)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
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1) Commented
17001 Collins Ave Apt 2305
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Sunny Isles FL 33/60
XCICLE: IV
The name and title of each person and
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
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The Four Seven LLC (Delaware 2000
14 × (4) × 32 (5) N
AMBR) ER
Sin. 70
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2 2
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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

> Corlos Goneakz Typed or printed name of signee

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 ager t as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)