**Electronic Filing Cover Sheet** 

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(((H22000316871 3)))



H220003168713ABC/

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

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## FLORIDA LIMITED LIABILITY CO. 907 EAST 11 ST LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES	OF ORGANIZATION FOR	FLORIDA LIMI	TED LIABILITY COMPANY	
ARTICLE I - Name:				
The name of the Limited Liabi	lity Company is:			
	, , , , , , , , , , , , , , , , , , , ,	`	•	
907 EAST 11 ST L	LC			
(Must cor	ntain,the words "Limited	Liability Compa	ny, "L.L.C.," or "LLC.")	<del></del>
ARTICLE II - Address:				
The mailing address and street	address of the principal o	office of the Lim	ted Liability Company is:	
	pal Office Address:			
			Mailing Address:	
7920 SW 141 TERS	RACE	7	920 SW 141 TERRACE	
PALMETTO BAY.	FL 33158	<u>P</u>	ALMETTO BAY, FL 33158	
ARTICLE III - Registered As	ent. Repistered Office	Fr Danistana 3 4		
Colling Diaptivet Colling in	IV LAMBON SPIVE AS 114 AUG	i id monte e Arrail Arra	gent's Signature: nt. You must designate an individual or	
another business entity with an	active Florida registration	on.)	To a threat nesignate an individual of	
•				
The name and the Florida street	t address of the registered	dagent are:		
	VILMA C. VARGA	S		
		Name		
	13.134.5W 90 COUR	т		
	Florida street addres		[ acceptable)	
	MIAMI	FL	33176	
	City	State	Zip	F.3
Having ham named in anti-			·	2152
place designated in this continue	agent and to accept servi	ce of process for	the above stated limited liability company	ity, I
			me above stated timited flability compair, tered agent and agree to act in this capoo ner and complete performance of my duli	
am familiar with and accept the of	bligations of my position	as redistered ane	ner and complete performance of my duli nt as provided for in Chapter 605, F.S.,	es, and I —
•		-	m as provided for th Chapter 603, F.S., 7	
	11186			2
	Lille.			
	Registe	ered Agent's Sign	nature (REQUIRED)	

(CONTINUED)

Title: "AMBR" > Authorized Member "MGR" = Manager	Name and Address:		
AMBR	Tatiana Puche 7920 SW 141 Terrace Pulmetto Bay, FL 33158		- -
MGR	Maria A. Vargas 13134 SW 90 COURT MIAMI, FL 33176		- -
AMBR	Sean Lilly 7920 SW 141 Terrace Palmetto Bay, FL 33158		_ _ _
			<del>-</del>
			_
(Use attachment if necessary)		<u>.</u>	15. 2883
CliEV: Effective date, if other than the di effective date is listed, the date must be ste of filing.)  If the date inserted in this block does no	specific and cannot be more than to ot meet the applicable statutory filin	five business days prior to or 9	ot be
CLE V: Effective date, if other than the di effective date is listed, the date must be are of filing.)	specific and cannot be more than to ot meet the applicable statutory filin	five business days prior to or 9	O day
CLE V: Effective date, if other than the dieffective date is listed, the date must be stee of filing.)  If the date inserted in this block does no comment's effective date on the Department of the CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:	specific and cannot be more than to the meet the applicable statutory filing ant of State's records.	five business days prior to or 9	ot be
CLE V: Effective date, if other than the dieffective date is listed, the date must be ate of filing.)  if the date inserted in this block does not becoment's effective date on the Department's effective date on the Department'	specific and cannot be more than to ot meet the applicable statutory filin	g requirements, this date will nentative of a member.  25,0203 (1) (b), Florida Statutes ment to the Department of Statutes	O day 3 e Alti