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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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

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FLORIDA LIMITED LIABILITY CO. STL 01, 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 LIMITED LIABILITY COMPANY

ARTICLE I - Na The name of the I	Limited Liability Comp	pany is:
		,
STL 01, LLC		
(Must and with the wor	ds "Limited Liability Compar	ny, "Limited Company" or their abbreviation "L.I.C.," or "IC.,")
ARTICLE II - A	dduana.	
		of the principal office of the Limited Liability Compar
The manning board	Se and affect addiese (of the principal office of the Elimited Claotitty Compar
Principal Office	Address:	Mailing Address:
141 Sevilla Avenue		141 Seville Avenue
		Coral Gables, Florida 33134
ARTICLÉ III'- F	Registered Agent, Reg	Coral Gables, Florida 33134
ARTICLÉ III - F The Limited Liability (business entity with an	Registered Agent, Regional serve as its of active Florida registration.)	Coral Games, Florida 33134 gistered Office, & Registered Agent's Signature:
ARTICLÉ III'-F The Limited Liability (business entity with an	Registered Agent, Regional serve as its of active Florida registration.)	Coral Games, Florida 33134 gistered Office, & Registered Agent's Signature: wo Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLÉ III'-F The Limited Liability (business entity with an	Registered Agent, Regionpany cannot serve as its of active Florida registration.) Florida street address	Coral Games, Florida 33134 gistered Office, & Registered Agent's Signature: wo Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLÉ III'-F (The Limited Liability (business entity with an	Registered Agent, Regionpany cannot serve as its of active Florida registration.) Florida street address	Corel Gables, Florida 33134 gistered Office, & Registered Agent's Signature: win Registered Agent. You must designate an individual or another of the registered agent are: opez & Partners, LLC Name
(The Limited Liability (business entity with an	Registered Agent, Regionpany cannot serve as its of active Florida registration.) Florida street address Valentin Lopez c/o Lo	Corel Gables, Florida 33134 gistered Office, & Registered Agent's Signature: win Registered Agent. You must designate an individual or another of the registered agent are: opez & Partners, LLC Name
ARTICLÉ III'-F The Limited Liability (business entity with an	Registered Agent, Regionpany cannot serve as its of active Florida registration.) Florida street address Valentin Lopez c/o Lo	Corel Gables, Florida 33134 gistered Office, & Registered Agent's Signature: wa Registered Agent. You must designate an individual or another of the registered agent are: ppez & Partners, LLC Name , Suite 811

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 as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<u> Fitle:</u>	Name and Address:
'MGR" = Manager	
'MGRM" = Managing Member	
MGRM	Manuel Alfonso
	141 Sevilla Avenue
	Coral Gables, Florida 33134
MGR	Angel Nicolas
	141 Sevilla Avenue
	Coral Gables, Florida 33134
(Use attachment if necessary)	
"	TO THE TOTAL CONTINUE
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days after the date of filing.) REQUIRED SIGNATURE: Signature of a	

Filing Fees;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

Typed or printed name of signee