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: addig... . SFLORIDA LIMITED LIABILITY/COmment 3262 SW 132 PI LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

Robert Castillo

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	merenorora manager - In	maged-company. The name and addr	ess of each person authorize	d to	
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	of mit statemen telative to	the proper and complete performance is of my position as registered agent as	of several section and the second section is		rgen
	as registered agent and	at the place designated in this certific agree to act in this capacity. I further	ate, I hereby accept the appoin	niment · ·	
	Having been named as	registered agent and to accept servi	ice of process for the above	stated	
		(Marin,) C 00100			
		2423 SW 147 Ave Box #135 Miamt, FL 33185			
		Robert Castillo			
	The name and the Florid	ia street address of the registered agent	are:		
	ARTICLE III – Regist	ered Agent, Registered Office, & Re	gistered Agent's Signature:		
					:
					•
		2423 SW 147 Ave. Box #135 Milami, FL 33185			!
	The mailing address an	d street address of the principal office (of the Limited Liability Compa	any is:	
	ARTICLE II - Addre				
	,	3282 SW 132 PI LLC			
		d Liability Company is:			
•		171100 0			
	ARTICLE I – Name:		EIMMEIT COMP	AIVI	İ
	ARTICLES OF OF	RCANIZATION FOR FLORIDA LI	MITER I IABII ITV CONT	4 5757	

2423 SW 147 Ave. Box #135 Mizmi, FL 33165

Manager

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987

N.W. 88 CT., STE. 201 MIAMI, FL. 33172 for the foregoing uses and purposes this

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