Division of Corporations Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.

6206 Unit #A107 LLC

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Corporate Filing Menu

Help

NAME Robert Castillo

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ARTICLE II - Name: E200 Unit #A107 LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 1423 SW M7 Nov. Box #135 Monnt, FL 33165 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: Report Castle 2222 SW 141 And. Box #135 Mannt, FL 33165 Having been named as registered agent and to accept service of process for the above stated functed 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 stanters 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 provider for in Chapter 503, P.S. Registered Agent's Signature DA 1 Registered Type III name and address of managers and its, first place of my address of managers and its, first place of my analyses and address and agent as provider for in Chapter 503, P.S.	ARTICLES OF ORGA	ANIZATION FOR FLOR	 IDA LIMITED LIABILIT	Y COMPANY		
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2423 SW 147 Ave. Box #135 Mlamt Ft 33185

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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