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(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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CAUSE AND OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAN ASSEE FIREITONS

COVER LETTER

	New Filing Sec Division of Cor					
		125 ST # 210), LLC			
SUBJEC	T:		me of Lim	ited Liabili	ty Company	
The encl	osed Articles of	Organization and	fee(s) are	submitted	for filing.	
Please re	turn all correspo	ondence concernit	ng this mat	ter to the f	ollowing:	
	LOURDES	D. ERMER				
			-	Name of	Person	
	DERGAN E	RMER LAW, PA				
	-			Firm/Co	npany	
	7900 HARB	OR ISLAND DR	IVE, NO.	713A		
				Addre	ess	
	NORTH BA	Y VILLAGE, FL	33141			
	LDERMER@	GMAIL.COM	Ci	ty/State and	l Zip Code	
		E-mail address: (to	be used t	or future a	nnual report notificati	on)
For further	r information co	ncerning this mat	ter, please	call:		
	Lourdes Erm	er	30:	5	213-4124	
	Nam	e of Person		ea Code) Daytime Telephon	e Number
Enclosed	l is a check for the	he following amo	unt:			
≡ \$125.0	00 Filing Fee	□\$130,00 Filit Certificate of \$		Certific	i.00 Filing Fee & ed Copy ed Copy el copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address iling Section			Street Address New Filing Section Di	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
300 NE 125 ST # 210 (Must conta		iability Com	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ddress of the principal of	fice of the L	imited Liability Company is:	
Principal Office Address:			Mailing Address:	
3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019			3535 South Ocean Drive, Suite 2305 Hollywood, FIL 33019	
The name and the Florida street a	eddress of the registered	agent are:		
	3535 South Ocean Dr Florida street address			
		((1.0. Box <u>r</u>	acceptable)	
	Hollywood, FL 33019 City	State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the appo ovisions of all statutes re	ointment as re lating to the	for the above stated limited liability compegistered agent and agree to act in this caproper and complete performance of my agent as provided for in Chapter 605, F.S.	ipacity. 1 duties, and
	Registe	red Agent's	Signature (REQUIRED)	

(CONTINUED)

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The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Members	er
"MGR" = Manager	
MGR	ERIC R. GUILLEN
	3535 South Ocean Drive, Suite 2305 Hollywood, FL 33019
AMBR	SYLVIA E. GUILLEN
	3535 South Ocean Drive. Suite 2305 Hollywood, FL 33019
	<u> </u>
(Use attachment if necessary)	
DTICLE V. Effective data if other the	an the date of filing: (OPTIONAL)
	nust be specific and cannot be more than five business days prior to or 90 days after
e date of filing.)	tust be specific and cambit be more than five business days prior to or 70 days after
	does not meet the applicable statutory filing requirements, this date will not be listed as
e document's effective date on the De	epartment of State's records.
TICLE VI: Other provisions, if any.	
THOSE VI. Odel provisions, it may.	
DECHIDED SIGNATURE.	
REQUIRED SIGNATURE:	
Signatur	re of a member or an authorized representative of a member.
	t is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware tha	at any false information submitted in a document to the Department of State nird degree felony as provided for in s.817.155, F.S.
Constitutes a tr	ind degree relony as provided for in \$.817.155, F.S.
Eric R. Gi	uillen
	Typed or printed name of signee