122000447318

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer:

Office Use Only



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COVER LETTER

TO:	New Filing Sec Division of Con					
		10 AVE, #201, LLC				
SUBJE	CT:					
		Name of	Limited Liabili	ty Company		
The enc	losed Articles of	Organization and fee(s)	are submitted	for filing.		
Please re	eturn all correspo	ondence concerning this	matter to the f	ollowing:		
	LOURDES	D. ERMER				
			Name of	Person		
	DERGAN E	RMER LAW, PA				
			Firm/Co	npany		
	7900 HARB	OR ISLAND DRIVE,	NO. 713A			
			Addre	ess		
	NORTH BA	Y VILLAGE, FL 33 141				
	LDERMER@	GMAIL.COM	City/State and	ł Zip Code		
	ŀ	E-mail address: (to be us	sed for future a	nnual report notificat	ion)	
For furthe	er information co	ncerning this matter, ple	ease call:			
	Lourdes Erm	ег	305	213-4124		
		at	()		
	Nam	e of Person	Area Code	Daytime Telephor	ne Number	
Enclose	d is a check for the	he following amount:				
≡\$1 25	.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certific	6.00 Filing Fee & ed Copy of Copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	<u>Mailin</u>	g Address		Street Address		
		iling Section		New Filing Section Division		
		on of Corporations ox 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303						

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

13685 NE 10 AVE,	#201, LLC		
(Must c	ontain the words "Limited Liabi	lity Company, "I	L.C.," or "LLC.")
ARTICLE II - Address:			
The mailing address and stree	et address of the principal office	of the Limited L	iability Company is:
Principal Office Address:		Mailing Address:	
3535 South Ocea	n Drive, Suite 2305	3535 \$	South Ocean Drive, Suite 2305
The Limited Liability Comp	Agent, Registered Office, & Re any cannot serve as its own Regi	Hollyw ——egistered Agent	nu must designate an individual or
ARTICLE III - Registered . The Limited Liability Computed the business entity with a	Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.)	Hollyw egistered Agent stered Agent, Yo	's Signature:
ARTICLE III - Registered . The Limited Liability Computed the business entity with a	Agent, Registered Office, & Regiany cannot serve as its own Regian active Florida registration.) eet address of the registered ager	Hollyw egistered Agent stered Agent, Yo	's Signature: ou must designate an individual or
ARTICLE III - Registered . The Limited Liability Computed the business entity with a	Agent, Registered Office, & Reany cannot serve as its own Region active Florida registration.)	egistered Agent istered Agent, You	's Signature: ou must designate an individual or
ARTICLE III - Registered . The Limited Liability Computed the business entity with a	Agent, Registered Office, & Reamy cannot serve as its own Region active Florida registration.) eet address of the registered agenometric ERIC R. GUILLEN	egistered Agent istered Agent. You	's Signature: ou must designate an individual or
ARTICLE III - Registered . The Limited Liability Computed the business entity with a	Agent, Registered Office, & Reany cannot serve as its own Registration.) The entire of the registered agents of the registered agents of the registered R	egistered Agent stered Agent. You	s Signature: ou must designate an individual or
ARTICLE III - Registered . The Limited Liability Computed the business entity with a	Agent, Registered Office, & Registered Office, & Registry cannot serve as its own Registration.) The eet address of the registered agenometric R. GUILLEN National State of	egistered Agent stered Agent. You	s Signature: ou must designate an individual or

Having been named as registered agent and to accept service of process for the above stated limited 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 605, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:		Name and Address:
"AMBR" = Author "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
		72022
		555
		P P
		ي َ
		ين - المحالية المحالي
(Use attachment if	necessary)	
		ffiling: (OPTIONAL)
	, the date must be spec	rific and cannot be more than five business days prior to or 90 days
e of filing.) If the date inserted it	this black does not me	eet the applicable statutory filing requirements, this date will not be lis
	te on the Department of	
	·	
CLE VI: Other provisi	ons, if any.	
		
REQUIRED SIG	NATURE:	
	\ -	
าา		nber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes.
		information submitted in a document to the Department of State
	istitutes a third degree:	felony as provided for in s.817.155. F.S.
	•	
	Eric R. Guillen	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)