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(Re	equestor's Name)	_
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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22 OCT 11 PM 2: 23

COVERLETTER

TO:	New Filing Section Division of Corporations				
	13685 NE 10 AV	'E, #211, LL0	C		
SUBJI	ECT:				
		Name of Lin	nted Liabili	ty Company	
The en	nclosed Articles of Organizati	on and fee(s) are	e submitted	for filing.	
Please	return all correspondence co	ncerning this ma	itter to the fe	ollowing:	
	LOURDES D. ERMER	₹			
			Name of	Person	
	DERGAN ERMER LA	.W. PA			
			Firm/Cor	npany	
	7900 HARBOR ISLAT	ND DRIVE, NO	, 713A		
			Addre	ess	
	NORTH BAY VILLAC	JE, FL 33141			
	LDERMER@GMAIL.(ity/State and	l Zip Code	
	E-mail add	ress: (to be used	for future a	nual report notificat	ion)
or furth	her information concerning the	is matter, please	call:		
	Lourdes Ermer	30)5	213-4124	
		at ()	
	Name of Person	ı Aı	rea Code	Daytime Telephon	e Number
Enclos	sed is a check for the following	ig amount:			
≡ \$12		00 Filing Fee & ate of Status	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address			Street Address New Filing Section D	ivision OC assee
	New Filing Section Division of Corporate			The Centre of Tallah	assee

P.O. Box 6327

Tallahassee, FL 32314

11 PM 2: 23

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liab	Hity Company is:			
13685 NE 10 AVE,	#211, LLC	1.1.11aC	vi 1 C " or "I 1 C ")	<u> </u>
(Must co	ntain the words "Limited L	iability Comp	any, "L.L.C., or LLC.)	
ARTICLE II - Address: The mailing address and stree	t address of the principal of	ice of the Lin	nited Liability Company is:	
Princ	ipal Office Address:		Mailing Address:	
3535 South Ocean	Drive, Suite 2305		3535 South Ocean Drive, Suite 23	05
Hollywood, FL 330		_	Hollywood, FL 33019	
The name and the Florida stre	et address of the registered ERIC R. GUILLEN	agent are: Name		
		. William		
	3535 South Ocean Dr			
	Florida street address	(P.O. Box <u>N</u>	OT acceptable)	
	Hollywood, FL 33019		<u> </u>	
	City	State	Zip	
place designated in this certific further agree to comply with the	ate, I hereby accept the appo e provisions of all statutes re	imment as reg lating to the p	or the above stated limited liability of gistered agent and agree to act in the proper and complete performance of agent as provided for in Chapter 605	is capacity. 1 my duties, an
		1 1	Simulation (DEOLUBED)	
	Registe	red Agent s	Signature (REQUIRED)	

(CONTINUED)

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ARTICLE IV-

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

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

AMBR" = A		
'MGR" = Ma	anager	
MGR	5	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
		100,1000,1000010
V: Effectiv	nent if necessary) ve date, if other than the	e date of filing: (OPTIONAL)
EV: Effective date is filling.) the date inse	ve date, if other than the is listed, the date must be erted in this block does	e date of filing:
E V: Effective date is filing.) the date insenent's effect	ve date, if other than the is listed, the date must be erted in this block does	be specific and cannot be more than five business days prior to or 90 not meet the applicable statutory filing requirements, this date will not
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