Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000367159 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

٠<u>٠</u> ان ن

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA LIMITED LIABILITY CO. 12350 INVESTMENT LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

## ARTICLES OF ORGANIZATION **FOR**

FLC	RIDA LIMITED LIABILITY COMPANY
ARITCLE I - Name: The name of the Limit	ed Liability Company is:

12350 Investment LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limites Company is:	l Liability
- 745 Coronado Avenue	
Coenl Gables, Fl. 33143	· <del>· · · · · · · · · · · · · · · · · · </del>
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Lim. Company cannot serve as its own Registered Agent. You must designate an individual or another business entitle an active Florida registration.)	tec' Liability Ty
745 Coronado Avenue	<u> </u>
CORAL Gables, Fl. 33143	2 00
Sonia Da Corta	26
ARTICLE IV The name and title of each person authorized to manage and control the Liability Company: (MGR or AMBR)	mited 4. 3. 3.
Sonia Da Corte (Managing Mem	ber)
GEORGE FERREIRA COSST (Managing Mem	ber)
<b>5</b> ,	

## Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sonia Da Corte

Typed or printed name of signee

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 herely 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)