

Division of Corporations Electronic Filing Cover Sheet

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Email Address:

FLORIDA LAMITED LIABILITY CO. OLIVA GROUP LLC

Certificate of Status	0
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Electronic Fifing Menu Corporate Fifing Menu

From:

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:				
	liva Grau	up LLC			
(Must con	tain the words "Limite	d Liability Comp	pany, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street a	address of the principal	office of the Lis	nited Liability Company is:		
Princip	oal Office Address:		Mailing Add	ress:	
2977 UW Higmi fc	24th St 33142		7977 NW 74	1h 5t	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an	y cannot serve as its ow	m Registered Ag	Agent's Signature: lent. You must designate an in	dividual or	
The name and the Florida street	address of the registers	ed agent are: Oliva			
	2977 NI	Name N 7 4 h	5+		
	Florida struet addre	eas (P.O. Box <u>N</u>	OT acceptable)		
	Miami	FL	33142		
·	City	State	Zip		
Having been named as registered place designated in this certificate further agree to comply with the p um familiar with and accept the o	. I hereby accept the ap rovisions of all statutes	poinment as reg relating to the pi	istered agent and agree to aet oper and complete performan	in this capacity ce of my duties.	y. T
	May	70- Of			
	Regii	stered Agent's S	ignature (REQUIRED)	<u> </u>	23.
		(CONTINU	ED)		Jan 4
			·		

ARTICUE IV-

. . . .

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:		
"MGR" = Manager AMGR	Hilogros Oliva 1977 VIV 29th	; , 5}-	

			and the second of the second o
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(Use attachment if nocessary)			
an effective date is listed, the date must be a date of filing.)	ne of filing: specific and cannot be more than five busines t meet the applicable statutory filing requirement of State's records.	s days prior	to or 90 days aft
TICLE VI: Other provisions, if any.			
REQUIRED SIGNATURE:	m Allin	2.	23 (
This document is executed that any factorial areas are the controlled the control	member or an authorized representative of a cuted in accordance with section 605.0203 (1) (lise information submitted in a document to the	b), Florida Si	tatutes.
constitutes a third deg	ree felony as provided for in s.817,155, F.S.	ere i	
r1;1/ag1	Typed or printed same of signee		€2 ₹2
\$125.00 Filing Fee for Articles of C	Filing Fees: Organization and Designation of Registered A	- Agent	35

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