Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

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Account Name

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

Emall	Address:		

FLORIDA LIMITED LIABILITY CO. 13605 SW 149TH AVE UNIT#8, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

ARTRIES OF ORGANIZATION FOR FLORIDA	I LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:		
13605 SW 149TH AVE UNIT#8, LLC		
(Must contain the words "Limited Liability (Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal office of the	e Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
7750 SW 117TH AVE SUITE 306 MIAMI, FL 33183	7750 SW 117TH AVE SUITE 306 MIAMI, FL 33183	
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)	ered Agent's Signature: d Agent. You must designate an individual or	2023
The name and the Florida street address of the registered agent are		3 APR
ANTONIO DIAZ	AHAS	8
Name	SSS O	
7750 SW 117TH AVE SUITE		2
Florida street address (P.O. Bo		ယ္

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.

FL

State

MIAMI

Ciry

Antonio Diaz
Registered Agent's Signature (REQUIRED)

33183

Zip

(CONTINUED)

TIMO

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>MGR</u>	ANTONIO DIAZ 7750 SW 117TH AVE SUITE 306 MIAMI, FL 33183
	20 3 F 20 A P F 20 A P
	SEE 3:
	<u> </u>
(Use attachment if necessary)	
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 days meet the applicable statutory filing requirements, this date will not be it
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.)	meet the applicable statutory filing requirements, this date will not be li-
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be li-
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not current's effective date on the Department.	meet the applicable statutory filing requirements, this date will not be li-
CLE V: Effective date, if other than the date effective date is listed, the date must be space of filing.) If the date inserted in this block does not cument's effective date on the Department CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me This document is execular an aware that any false	meet the applicable statutory filing requirements, this date will not be it to of State's records.