Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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. MIAMI FAMILY BUILDERS LLC

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

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Electronic Filing Menu

Corporate Filing Menu

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ZOZ3 MAY -4 PH 2: 34 SECRETARY SE STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE PARTY OF THE P	THAIL LED TAYRIFYL & COMINANA
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Miami Family Builders LLC	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	,
The mailing address and street address of the principal office of the	Timited Lightlity Company is:
o and principal discountry	2 Emiliod Clabinty Company is:
Principal Office Address:	Mailing Address:
2140 NW 23rd Street	2140 NW 23rd Street
Miami, FL 33142	Miami, FL 33142
ARTICLE III - Registered Agent, Registered Office, & Registe	14
(The Limited Liability Company cannot serve as its own Registered	red Agent's Signature: d Agent. You must designate an individual or
another business entity with an active Florida registration.)	
The same and the The Chairman and the The Chairman and the The Chairman and the The Chairman and the Chairma	
The name and the Florida street address of the registered agent are	;
Miguel Soliman	
Nanje	

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 yearly level agent as provided for in Chapter 605 F.S..

Florida street address (P.O. Box NOT acceptable)

Florida

State

33142

Zip

1857 NW 21st Terrace

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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SECRETABLE SESTATE

Title: "AMBR" = Authorized Member	authorized to manage and control the Limited Liability Company:  Name and Address:
"MGR" = Manager	
MGR	Miguel Soliman 1857 NW 21st Terrace Miguni, FL 33142
MGR	Claudio R. Angulo 2140 NW 23rd Street Miami. FL 33142
(Use attachment if necessary)	
(if an effective date is listed, the date must be sp the date of filing.)	e of filing: 5/1/2023 (OPTIONAL)  pecific and cannot be more than five business days prior to or 90 days after  meet the applicable statutory filing requirements, this date will not be listed to 6 State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
I am aware that any fals	dember or an authorized representative of a member, ated in accordance with section 605.0203 (1) (b), Florida Statutes, the information submitted in a document to the Department of State the felony as provided for in s.817.155, F.S.

Filing Fees:

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

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