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 : I20000000019

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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.

Email Address:

FLORIDA LIMITED LIABILITY CO. MIAMI JCDA LLC

Certificate of Status	1
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Estimated Charge	\$130.00

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ARTICLE I - Name:

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
MIAHI JCDA LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
8260 Sw 102 St	
8260 Sw 102 St HIDAI FL 33156	
	_
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	-
8260 Sw 102 St	
MIDMI, FC 33NG	-
JUAN CARIOS ACUMBER LEON	-
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	-
JUAN CARLOS ALVAREZ LEON AMBR THE TAKE DANIEL ALVAREZ AMBR SON &	
	-
	-

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.

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 agne 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)

SECRETARY STATE