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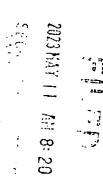
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PICK-UP	☐ WAIT	MAIL
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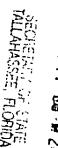
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S. CHATHAM





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* FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-624

Pick up time	
1 1011 up 111110	
Will wait	
<u>AMENDMENTS</u>	
AmendmentResignation of R.A. Officer/DChange of Registered Agent Dissolution/Withdrawal	
MergerConversion	
REGISTERATION/QUALIFICATIONS	
oreign filing .imited Partnership	
einstatement	

COVER LETTER

TO:	New Filing Sec Division of Co.			
SUBJE	LAS TWIN	ICY LLC		
3000.		Name of Lim	ited Liability Company	
The end	closed Articles of	Organization and fee(s) are	submitted for filing.	
Please	return all corresp	ondence concerning this mat	tter to the following:	
	MARTIN E	DELLOCA		
			Name of Person	
	MDELL CO	NSULTING CORP		
			Firm/Company	
	848 BRICK	ELL AVE STE 1130		
			Address	
	MIAMI, FL,	33131		
	MDELLOCA	Ci @MDELLCONSULTING.	ty/State and Zip Code COM	
		E-mail address: (to be used t	for future annual report notificat	ion)
For furth	er information co	oncerning this matter, please	call:	
	MARTIN E I	DELLOCA 309		
	Nan		ea Code Daytime Telephon	e Number
Enclose	ed is a check for t	he following amount:		
■\$125	5.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address Filing Section	Street Address New Filing Section D	ivision

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

mited Liability Company is: Mailing Address: 848 BRICKELL AVE STE 1130 MIAMI, FL, 33131 Agent's Signature: gent. You must designate an individual or
Mailing Address: Mailing Address: 848 BRICKELL AVE STE 1130 MIAMI, FL, 33131 Agent's Signature:
Mailing Address: Mailing Address: 848 BRICKELL AVE STE 1130 MIAMI, FL, 33131 Agent's Signature:
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STE 1130 89 MIAMI, FL, 33131 89 Agent's Signature:
STE 1130 89 MIAMI, FL, 33131 89 Agent's Signature:
MIAMI, FL, 33131 Agent's Signature:
OT acceptable)
DA 33131
Zip
or the above stated limited liability company at the gistered agent and agree to act in this capacity. I roper and complete performance of my duties, and gent as provided for in Chapter 605, F.S
) i

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	NADINA DE MARTINO 848 BRICKELL AVE STE 1130 MIAMI, FL, 33131
	2023 His
(Use attachment if necessary)	8:20
(If an effective date is listed, the date must be the date of filing.)	e date of filing: ———————————————————————————————————
ARTICLE VI: Other provisions, if any,	····
REQUIRED SIGNATURE:	mcDil'Oca
Signature of	a mambar as an authorized sanguantative of a member

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

MARTIN E DELLOCA

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)