# Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000268682 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000003146 Phone : (305)444-4994 : (305)328-4774 Fax Number

\*\*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. 124 ORCHID STREET, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### 124 ORCHID STREET, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE H - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

### Principal Office Address:

Mailing Address:

2475 SW 37 AVENUE MIAM!, FL 33145

2475 SW 17 AVENUE MIAMI, FL 33145

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Limitity Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

MANCEBO LAW, P.A.

Nam

250 CATALONIA AVENUE, SUITE 302

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

CORAL GABLES

FL

\_\_\_

City

Zip

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 statiges volating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position agency registered agent as provided for in Chapter 605, F.S.,

Registrati Agent Signature (REQUIRED)

CONTINUED)

SECRETARY OF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	FELIX MARQUEZ 2475 SW 37 AVENUE MIAMI, FL 33145
(Use attachment if necessary)	
If an effective date is listed, the date must be date of filling.)	date of filing:
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	
This document is end any avent that any	n member or an authorized representative of a member, secuted in accordance with section 605.0203 (1) (b), Florida Statutes, talse information submitted in a document to the Department of State egree felony as provided for in s.817.155, F.S.

Filing Fees:

Typed or printed name of signee

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

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

FELIX MARQUEZ