## L23000 379346

(Re	equestor's Name)	
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Capies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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ALLAHASSEE, FLOF

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

330 & 340 Madeira I	LLC	<del></del> ,	
Please Debit FCA000	000003 For: 125		
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		·	Fictitious Name File
			Trade/Service Mark
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			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
1/	·/		Fictitious Search
			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by:			UCC 1 or 3 File
kequesieu by.			UCC 11 Search
Name	Date T	Гime	UCC    Retrieval
Walk-In	Will Pick Up _		Courier

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabilit	y Company is:			
330-340 Madeira LL. (Must conta		Liability Com	npany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal o	ffice of the L	imited Liability Company is:	
Principal Office Address:		Mailing Address:		
4301 NW 35 AVENUE MIAMI, FL 33142		4301 NW 35 AVENUE MIAMI, FL 33142		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own ctive Florida registratio	Registered A	d Agent's Signature: Agent. You must designate an individual or	
	JOSE A GARCIA			
		Name		
	4301 NW 35 AVENU	· · · · · · · · · · · · · · · · · · ·		
	Florida street addres	s (P.O. Box 2	NOT acceptable)	
	MIAMI	FL	33142	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the app ovisions of all statutes re ligations of my position	ointment as re elating to the p as registered of	for the above stated limited liability company at egistered agent and agree to act in this capacity. proper and complete performance of my duties, agent as provided for in Chapter 605, F.S  Signature (REQUIRED)	I

(CONTINUED)

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

"AMBR" = Authorized Member "MGR" = Manager  MGR		ber	
MGR  RAMON MIJARES  4301 NW 35 AVENUE MIAML FL 33142  MGR  BERNARDO MIJARES  4301 NW 35 AVENUE MIAML FL 33142  MGR  RAMON MIJARES. JR.  4301 NW 35 AVENUE MIAML FL 33142  MGR  JOSE A GARCIA  4301 NW 35 AVENUE MIAML FL 33142  MGR  JOSE A GARCIA  4301 NW 35 AVENUE MIAML FL 33142  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  Fretive date is listed, the date must be specific and cannot be more than five business days prior to or 90 day of filing.)  fthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ament's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REOURED SIGNAPORE:  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.  JOSE A, GARCIA  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)	"MGR" = Manager		
MGR  BERNARDO MIJARES 4301 NW 35 AVENUE MIAMI, FL 33142  MGR  RAMON MIJARES, JR 4301 NW 35 AVENUE MIAMI, FL 33142  MGR  JOSE A GARCIA 4301 NW 35 AVENUE MIAMI, FL 33142  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (Use attachment if necessary)  LE V: Other provisions, if any,  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.  JOSE A. GARCIA  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)			
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MGR  JOSE A GARCIA 4301 NW 35 AVENUE MIAMI, FL 33142  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			
MIAMI, FL 33142    MIAMI, FL 33142     JOSE A GARCIA   4301 NW 35 AVENUE   MIAMI, FL 33142     (Use attachment if necessary)	MGR		_
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:			_
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:		MIAWI, PD 33142	-
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	MGR	IOSE A GARCIA	
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing:	MGN.	4301 NW 35 AVENUE	_
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