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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
 AJ BALLROOMS REDLANDS LLC

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Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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August 20, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INTERSTATE FILINGS LLC

SUBJECT: AJ BALLROOMS REDLANDS LLC
REF: W23000113528

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

REGISTERED AGENT ADDRESS INCOMPLETE

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P.O. BOX 6327 - Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AJ BALLROOMS REDLANDS LLC

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

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:16090 SW 248th StreetHomestead, Florida 3301319750 SW 111 TerraceMiami, Florida 33176

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

(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.)

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

Alexis Fernandez

Name

9750 SW 111 TerraceFlorida street address (P.O. Box NOT acceptable)Miami

City

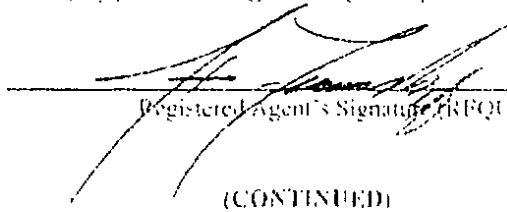
Florida

State

33176

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 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)

(CONTINUED)

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ARTICLE IV-

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

Title:**Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Alexis Fernandez
9750 SW 111 Terrace
Miami, Florida 33176

MGR

Justin Cabral
7865 NW 108 Avenue
Doral, Florida 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.07(3)(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.

ALEXIS FERNANDEZ

Typed or printed name of signer

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