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Division of Corporations

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From:

Account Name : EXPRESS FILINGS INC

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Fax Number : (786)866-6349

Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.

vidovidocpa@aoi.com Email Address:

FLORIDA LIMITED LIABILITY CO. 12450 LEJEUNE DOUGLAS LLC

Certificate of Status	0
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Electronic Filing Menu

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Help

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ARTICLES OF ORGANIZATION FOR FLORIDAL IMPTED LIABILITY COMPANY

	12450 LEJEUNE D			
(Must con	tain the words "Limited Liability Co	mpany, "L.L.	C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal office of the	Limited Liabi	lity Company is:	
Principal Office Address:		Mailing Address:		
1761 W FL	1761 W FLAGLER ST			
MIAMI, F	L 33135	MIAMI, FL 33135		
The name and the Florida street	address of the registered agent are:			
	CADLOCE	MOANOA		
	CARLOS F. I	VIIKANDA		
	CARLOS F. I			
	Nai 1761 W FL	me AGLER ST		
	Nai	me AGLER ST	ıble)	
	Nai 1761 W FL Florida street address (P.O. Box MIAMI	me AGLER ST	33135	
	Nation 1761 W FL. Florida street address (P.O. Box MIAMI City	ne AGLER ST NOT accepta FL	33135 Zip	
lace designated in this certificate, wither agree to comply with the pi	Nation 1761 W FL. Florida street address (P.O. Box MIAMI City agent and to accept service of proces, I hereby accept the appointment as revisions of all statutes relating to the obligations of my position as registere	MAGLER ST NOT accepta FL ss for the above registered ago e proper and e	33135 Zip e stated limited liability ent and agree to act in t complete performance a vided for in Chapter 60	his capacity. I of my duties, and I
lace designated in this certificate, wither agree to comply with the pi	Nation 1761 W FL. Florida street address (P.O. Box MIAMI City agent and to accept service of proces, I hereby accept the appointment as revisions of all statutes relating to the obligations of my position as registere	AGLER ST NOT accepta FL ss for the above registered age e proper and ed agent as pro	33135 Zip e stated limited liability ent and agree to act in t complete performance a vided for in Chapter 60	his capacity. I of my duties, and I
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RANDA
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(OPTIONAL) islness days prior to or 90 days af irements, this date will not be liste
<u> </u>
c of a member.
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