L24000000168

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Ćit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



200419580162

923 DEC 27 PH 2: 2

2623

. 712:

CAPITAL CONNECTION, INC.

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

174 Fonder's Printing - Thom (as the GA &TG

DIVISION BROKI	NG LLC		—
Please Debit FCA00	0000003 For:	130	
Thank you Seth Nee	elev		
1-4-1		·	
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			A(t), 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	2/		Fictitious Search
Si S	<u> </u>		Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SETH	12/27		UCC 1 or 3 File
	12/27		UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick	Up	Courier

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Compa	ny is:		
DIVISION BROKING I			
(Must contain the w	ords "Limited L	iability Company, "	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of	the principal of	fice of the Limited I	Liability Company is:
Principal Office	Address:		Mailing Address:
255 ARAGON AVENUE, 2N	D FLOOR	255 /	ARAGON AVENUE, 2ND FLOOR
CORAL GABLES, FL 33134	1.,000	COR	AL GABLES, FL 33134
ABIT	OS PLLC	Name	
255	DACCON AND	NUE INDELACE	
		NUE, 2ND FLOOR (P.O. Box <u>NOT</u> acc	_
CORA	L GABLES	FLORIDA	33134
<u></u>	City	State	Zip
lace designated in this certificate. I hereby	aveept the appoint of all statutes related my position a.	ntment as registered ating to the proper o	

(CONTINUED)

~

Title: "AMBR" = Authorized Membe "MGR" = Manager	Name and Address:
MGR	MARIA DE LA PAZ TOME 255 ARAGON AVENUE, 2ND FLOOR CORAL GABLES, FLORIDA 33134
(Use attachment if necessary)	
CLE V: Effective date, if other than effective date is listed, the date mate of filing.) If the date inserted in this block details in the date inserted in this block details.	n the date of filing:
ICLE V: Effective date, if other than effective date is listed, the date mate of filing.)	ust be specific and cannot be more than five business days prior to or 90 day loes not meet the applicable statutory filing requirements, this date will not be
ICLE V: Effective date, if other than effective date is listed, the date in ate of filing.) If the date inserted in this block document's effective date on the Department.	ust be specific and cannot be more than five business days prior to or 90 day loes not meet the applicable statutory filing requirements, this date will not be partment of State's records.

3

ر۱-