Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

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Email Address:_

FLORIDA LIMITED LIABILITY CO. WESTAR 97 PLAZA LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

2024-01-25 00:31:10 GMT

ARTICLE I - Name:

To:

The name of the Limited Liability Company is:

WESTAR 97 PLAZA 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:

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Malling Address:

4002 SW 97th AVE MIAMI, FL 33165

9615 SW 118th ST MIAMI, FL 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:

TOWAS INCUENCE	
	Name

9615 SW 118th ST

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

MIAMI	FL	_33176
City	State	Ziŗ

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.,

/a/ Tomas Pequeno
Registered Agent's Signance (REQUIRED)

(CONTINUED)



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

2024-01-25 00 31:10 GMT

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	thorized Member			
"MGR" ≅ Man				
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