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EXAMINER'S INITIALS:

EXAMINER'S INITIALS:_____

COVER LETTER

TO: New Filing Section) Division of Corporations	
SUBJECT: 5 MART DORAL O	ROOP, LCC
Name of Limited Liability	⁷ Сотрапу
The enclosed Articles of Organization and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fol	-
Edvardo A. Triane	7
Name of P	erson
SMART DORAC GRU Firm/Com	OP, LC.
4412 NW 9319 DOG	a/c+
	-
Doral, Fr. 33.	178
Doral, FC 33. City/State and Info Smart doral g E-mail address: (to be used for future and	Zip Code
E-mail address: (to be used for future unit	nual report notification)
For further information concerning this matter, please call:	
Edvardo Triana at (75+) Name of Person Arca Code	675-1617
Name of Person Area Code	Daytime Telephone Number
Enclosed is a check for the following amount:	2024 M. Fall
Certificate of Status Certified	O0 Filing Fee & \$\sum \\$160.00 Filing Fee, \copy \\ \text{Copy is enclosed}\) Certified Copy (additional copy is enclosed)
Mailing Address St	reet Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Lia	ability Compa	ny is:				
5M	ART	DORAL	GROUP	9, LLC.		
				y, "L.L.C" or "LLC.")		
ARTICLE II - Address: The mailing address and stre	eet address of	the principal off	ice of the Limite	ed Liability Company is:	:	
	ncipal Office			Mailing A	ddress:	
4412 NM - DOGA)	193101	Doval C+		WID NW 9	3rd Doralet	
_ Dora)	見る	3/78		Doral, FC	33178	
ARTICLE III - Registered (The Limited Liability Companother business entity with	pany cannot se	rve as its own R	Registered Agent	ent's Signature: . You must designate an	individual or	
The name and the Florida st						
		-dualdo	Trian	a	-	
	4	412 NU	$v = 93^{rd}$	a Doral C+		
	Florida	a street address (P.O. Box <u>NOT</u>	acceptable)	•	
		Doal	FL	33/78		
		City	State	Zip		
laving been named as registe. place designated in this certific further agree to comply with th im familiar with and accept th	vate. I hereby a he provisions o	secept the appoin f all statutes rela	ntment as registe uting to the prop	red agent and agree to a er and complete perform	nct in this capacity. 1	
		Register	ed Agent's Sign	ature (REQUIRED)	202	
		•	(CONTINUED)	PAMAR 20 AM 10: 26	
					m 6	

Title: "AMBR" = Authorized Member "MGR" = Manuser	Name and Address:
MGR.	Edvardo A. Triana 412 NW 93ra Doval CH Doval, #L 331-16
_MGR	Annette Alcover
	- · - · · · · · · · · · · · · · · · · ·
-	
(Use attachment if necessary)	<u>,</u>
ective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
of filing.)	of meet the applicable statutory filing requirements, this date will not be listed as
ective date is listed, the date must be of filing.) the date inserted in this block does not ment's effective date on the Department EVI: Other provisions, if any.	of meet the applicable statutory filing requirements, this date will not be listed as
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