

L24000 287685

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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(Business Entity Name)

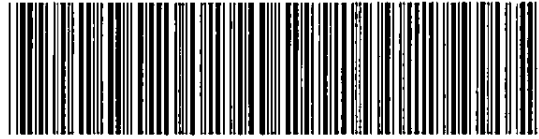
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TALLAHASSEE, FLORIDA

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CERTIFIED COPY _____

XX PHOTOCOPY _____

GS _____

XX FILING LLC _____

1. NW 9 AVE LOT 15 LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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SPECIAL INSTRUCTIONS: _____

**ARTICLES OF ORGANIZATION
OF
NW 9 AVE LOT 15 LLC**

1. Name. The name of the limited liability company is NW 9 AVE LOT 15 LLC.
2. Principal Office and Mailing Address. The street and mailing address of the company's principal office is c/o SANMIA LLC, 4741 NW 84 AVE., DORAL, FL 33166.
3. Registered Agent. The name and Florida street address of the registered agent are IACONE LAW, P.A., 2100 PONCE DE LEON BLVD., SUITE 760, CORAL GABLES, FL 33134.

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.

4. Manager-managed. This company shall be manager-managed.
5. Manager. The Manager is SANMIA LLC, whose address is 4741 NW 84 AVE DORAL, FL 33166.



By: Iacone Law, P.A.
Ronald C. Iacone Jr., Esq.
as Registered Agent and
Authorized Representative

This document is executed in accordance with section 605.0203(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.

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JUL 26 11:07 AM '17