Florida Department of State

Division of Corporations all pages of the document.

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Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043

Phone : (800)342-9856 Fax Number : (800)354-3381

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

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FLORIDA LIMITED LIABILITY CO. 431 GENTLE BREEZE DR LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Cor	my is:	
431 Gentle Breeze Or LLC		
(Must end with t	words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street addres:	the principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
431 Gentle Breeze Dr. Minneota, FL 347	102 Bay Ridge Pkwy, Brooklyn, NY 11209	
(The Limited Liability Company cana	stered Office, & Registered Agent's Signature: erve as its own Registered Agent. You must designate an inc	
(The Limited Liability Company cann another business entity with an active	erve as its own Registered Agent. You must designate an incorda registration.)	
(The Limited Liability Company cann another business entity with an active	erve as its own Registered Agent. You must designate an incorida registration.) of the registered agent are:	
(The Limited Liability Company cannation) the business entity with an active the name and the Florida street address.	erve as its own Registered Agent. You must designate an incorda registration.)	Hvidu
(The Limited Liability Company cannation) the business entity with an active the name and the Florida street address.	erve as its own Registered Agent. You must designate an incorida registration.) of the registered agent are: Name	Hvidu
(The Limited Liability Company cannamother business entity with an active The name and the Florida street address Carlos Perez 431 Gentle Bro	erve as its own Registered Agent. You must designate an incorida registration.) of the registered agent are: Name	Hvidu
(The Limited Liability Company cannamother business entity with an active The name and the Florida street address Carlos Perez 431 Gentle Bro	erve as its own Registered Agent. You must designate an inderida registration.) of the registered agent are: Name Dr	Hvidu

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.

(I Agont's Signature (REQUIRED)

(CONTINUED)

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JIVISCRITARY OF STATE

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Title: "AMBR" = Authorized Member	Name and Address:
"MGR" Manager	
AMER	Canos Porez
	102 Day Ridge Pkwy, Brooklyn, NY 11209
	And the second s
	
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(Use attachment if necessary)	
CLE V: Effective date, if other than the date of effective date is listed, the date must be spec-	of filing:
CLE V: Effective date, if other than the date effective date is listed, the date must be specte of filing.)	of filing:
CUEV: Effective date, if other than the date of	cific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date of effective date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any, REQUIRED SIGNATURE:	cific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date of feetive date is listed, the date must be specie of filing.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of n men (In accordance with section 6)	nber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document
CLE V: Effective date, if other than the date of effective date is listed, the date must be specific of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a men (in accordance with section of constitutes an affirmation unlam aware that any false info	nber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true, formation submitted in a document to the Department of State
CLE V: Effective date, if other than the date of fective date is listed, the date must be specie of filling.) CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of n men (In accordance with section 60 constitutes an affirmation under that any false inforcement of the constitutes a third degree feloconstitutes and the degree	nber or an authorized representative of a member. 05.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.

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