# LZ4000401794

(Requestor's Name)
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<b>,</b>
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DIVISION OF COMPORATIONS

# COVER LETTER

	New Filing Section Division of Corporations			
SUBJEC	33 N.W. 75 AVE, LLC.			
SOBJEC		mited Liabil	ity Company	
The enck	osed Articles of Organization and fee(s) a	re submitted	for filing.	
Please re	turn all correspondence concerning this n	natter to the f	following:	
	RUBEN E. DORTA			
		Name of	Person	
	RUBEN E. DORTA P.A.			
		Firm/Co	mpany	
	6011 West 16 Avenue			
		Addr	ess	
	Hialeah, FL 33012			
	rdorta@aol.com	City/State an	d Zip Code	
	E-mail address: (to be use	d for future a	nnual report notification	on)
For further	r information concerning this matter, pleas	se call:		
		305	557-3332	
			Daytime Telephone	Number
Englosed	l is a check for the following amount:			
\$125.0	00 Filing Fee   \$\Bigcup \frac{1}{30.00}\$ Filing Fee \delta   Certificate of Status	Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations		Street Address New Filing Section Di The Centre of Tallaha	ssee

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

33 N.W. 75 AVE, LLC.	
(Must contain the words "Limited Liabi	ity Company, "L.L.C.," or "L.LC.")
RTICLE II - Address: e mailing address and street address of the principal office	of the Limited Liability Company is:
	of the Limited Liability Company is: <u>Mailing Address</u> :
e mailing address and street address of the principal office	

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or

The name and the Florida street address of the registered agent are:

another business entity with an active Florida registration.)

ALEX RODRIGUEZ		
•	Name	·
13350 N.W. 97 Aven	ue	
Florida street address	(P.O. Box <u><b>NOT</b></u> ac	cceptable)
Hialeah Gardens	FL	33018
City	State	Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

### ARTICLE IV-

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

<u>Title:</u> "AMBR" =	Name and Address: Authorized Member				
"MGR" = $N$	lanager				
MGR	JUAN CARLOS RODRIGUEZ				
	13350 N.W. 97 AVENUE				
	HIALEAH GARDENS, FL 33018				
ARTICLE V: Effecti (If an effective date in the date of filing.) Note: If the date ins	ive date, if other than the date of filing:				
ARTICLE VI: Other	provisions, if any.				
REOUIRE	<u>D</u> SIGNATURE:				
	Signature of a member or an authorized representative of a member.  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.				
	ALEXIS RODRIGUEZ  Typed or printed name of signee				

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE SIVISION OF CHARTONS