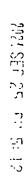
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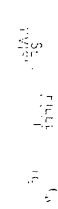
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300436972983







COVER LETTER

	ew Filing Sectivision of Con					
eub irca		30th AVENUE, LLC				
SUBJECT	:	Name of Limited Liability Company				
The enclos	ed Articles of	Organization and fee(s)	are submitte	d for filing.		
Please retu	ırn all correspo	ondence concerning this r	natter to the	following:		
	NEYLAN P	PANTIN				
			Name o	f Person		
			Firm/C	ompany		
	3310 SW 17	7th Street				
	Address					
	Miami, FL 3	33145				
			City/State a	nd Zip Code		
,	Neylan65@h			<u>-</u> -	<u> </u>	
	i	E-mail address: (to be use	ed for future	annual report notificat	ion)	
For further i	n formation co	oncerning this matter, plea	ise call:			
	Neylan Panti		786	219-2845		
	Nam		Area Code	Daytime Telephon		
Enclosed i	s a check for t	the following amount:				
≣\$125.00) Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

Mailing Address

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

Street Address 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 I - Name: The name of the Limited Liability Company is:			
2780 SW 30th AVENUE, LLC	Company M. I. C. Tanall C. T.		
(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 t			
Principal Office Address:	Mailing Address:		
Principal Office Address: 3310 SW 17th Street	Mailing Address: 3310 SW 17th Street		
			

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

 NEYLAN PANTIN

 Name

 3310 SW 17th Street

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

 Miami
 FL
 33145

 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" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR & AMBR	GERMAN A. SILVA 3310 SW 17th Street Miami, FL 33145
AMBR	NEYLAN PANTIN 3310 SW 17th Street Miami, FL 33145
(If an effective date is listed, the date must be the date of filing.)	ate of filing:
the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Ι Δ ι
This document is exe I am aware that any fa constitutes a third deg	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b). Florida Statutes. the information submitted in a document to the Department of State cree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee

as

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ADATAMITANIANDILATI COMPANI
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
2780 SW 30th AVENUE, LLC	
(Must contain the words "Limited Liabi	lity 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:
	, , , , ,
Principal Office Address:	Mailing Address:
3310 SW 17th Street	3310 SW 17th Street
Miami, FL 33145	Miami, FL 33145
A DOWN OF THE AMERICAN	
ARTICLE III - Registered Agent, Registered Office, & Re	gistered Agent's Signature:
The Limited Liability Company cannot serve as its own Regi	stered Agent. You must designate an individual or
mother business entity with an active Florida registration.)	<i>5</i>
The name and the Florida street address of the registered agen	it are:
<u>NE</u> YLAN PANTIN	

Name

3310 SW 17th Street

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

 Miami
 FL
 33145

 City
 State
 Zip

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Registered Agent's Signature (REQUIRED)

(CONTINUED)

A	R	TI	LE	13	V
	л		_ r.		• -

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR & AMBR	GERMAN A, SILVA
	3310 SW 17th Street Miami, FL 33145
AMBR	NEYLAN PANTIN
	3310 SW 17th Street
	Miami, FL 33145
(Use attachment if necessary)	
• •	
ARTICLE V: Effective date, if other than the	e date of filing: (OPTIONAL)
the date of filing.)	be specific and cannot be more than five business days prior to or 90 days after
Note: If the date inserted in this block does	not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depart	ment of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	1 1 1
(12 -	$A / \lambda \lambda_{i}$
Signatura	a member or an authorized representative of a member.
This document is e	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 of	degree felony as provided for in s.817.155, F.S.
	Typed or printed name of signee
	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)