

124000 426905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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09/13/14 11:11 AM

09/13/14 11:11 AM
400436972974

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: 930 SW 29th AVENUE, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NEYLAN PANTIN

Name of Person

Firm/Company

3310 SW 17th Street

Address

Miami, FL 33145

City/State and Zip Code

Neylan65@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

| | | |
|----------------|--------------|--------------------------|
| Neylan Pantin | 786 | 419-2814 |
| _____ | at (_____) | _____ |
| Name of Person | Area Code | Daytime Telephone Number |

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
JUN 10 2008

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

930 SW 29th AVENUE, LLC

(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 the Limited Liability Company is:

Principal Office Address:

Mailing Address:

3310 SW 17th Street

Miami, FL 33145

3310 SW 17th Street

Miami, FL 33145

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

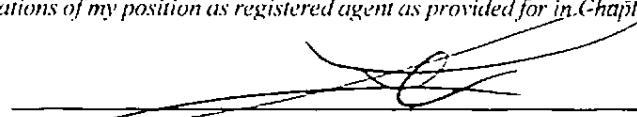
33145

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)

2007 SEP 17 PM 1:00
NOTED
C-FILE
C-1

ARTICLE IV-

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

Title:

Name and Address:

"AMBR" = Authorized Member

"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 date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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.

GERMAN A. SILVA

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)

RECEIVED
JAN 10 2013
CLERK OF THE
DEPARTMENT OF
STATE
TALLAHASSEE, FL

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Name

3310 SW 17th Street

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

Miami

FL

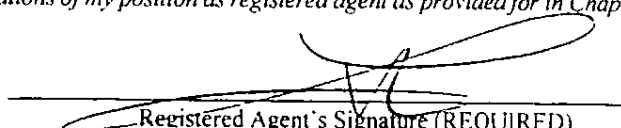
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Registered Agent's Signature (REQUIRED)

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MGR & AMBR

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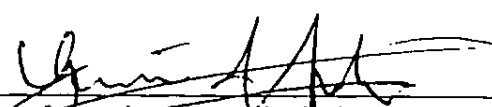
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