# L24000527071

(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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	l
Mirador MF LLC	<del></del> ,
Please Debit FCA000000003 For: 125	
Thank you Seth Neeley	
Staff	Art of Inc. File 22  LTD Partnership File 27
	LTD Partnership File
	Foreign Corp. File 3
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Phuto Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC For 3 File
Name Date Time	UCC 11 Search
	UCC II Retrieval
Walk-In Will Pick Up	Courier

# COVER LETTER

TO;	New Filing Section Division of Corpora	tions				
SUBJE	Mirador MF LLC					
		Name of Lim	ited Liabili	ty Company		
The end	closed Articles of Organ	nization and fee(s) are	submitted	for filing.		
Please	return all corresponden	ce concerning this ma	tter to the f	ollowing:		
	Nicky Ruwisch					
			Name of	Person		
	Herskowitz Shapii	o, PLLC				20
		<u> </u>	Firm/Co	mpany		<u> </u>
	9130 S. Dadeland	Boulevard, Suite 160	9		;	53
		·	Addre		<u>.</u>	<del></del> :
	Miami, Florida 33	156	71001			.: .:
			ty/State and	d Zip Code		
	Nicky@hslawfl.cor		Exp fixture	nnual report notificati	au)	
13 8 .1				ппиаттерот постеас	on)	
l·or furth	er information concerni	ng this matter, please	call:			
	Nicky Ruwisch	30 at (		423-1407 )		
	Name of P			Daytime Telephone		
Enclose	ed is a check for the foll	owing amount:				
□\$125		130.00 Filing Fee & tificate of Status	Certific	5.00 Filing Fee & ed Copy al copy is enclosed)	□\$160.00 Filing Certificate of State Certified Copy (additional copy)	tatus &
	Mailing Add New Filing S Division of C	ection		Street Address New Filing Section Di The Centre of Tallaha		
	P.O. Box 633 Tallahassee.	27		2415 N. Monroe Stree Fallahassee, FL 3230.	et, Suite 810	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liab	ility Company is:			
Mirador MF LLC				
(Must co	ntain the words "Limited	Liability Comp	any, "L.L.C.," or "LLC.")	<u> </u>
ARTICLE II - Address: The mailing address and stree	address of the principal of	office of the Lin	nited Liability Company is	s:
<u>Princ</u>	ipal Office Address:		Mailing A	Address:
1000 West Avenu	:		1000 West Avenue	
Apartment 1408			Apartment 1408	
Miami Beach, Flo	rida 33139		Miami Beach, Florida 33	139
ARTICLE III - Registered A (The Limited Liability Compa another business entity with a The name and the Florida stre	ny cannot serve as its own n active Florida registrati	n Registered Ag on.) ed agent are:		n individual or
		Name		
	1000 West Avenue,	Apartment 140	3	
	Florida street addres	ss (P.O. Box <u><b>SC</b></u>	OT acceptable)	<del>-</del>
	Miami Beach	Florida	33139	_
	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..

Julien Bitton
Registered Agent's Signature (REQUIRED)

(CONTINUED)

## ARTICLE IV-

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

Title:	Name and Address:
"AMBR" = Authorized Membe "MGR" = Manager	г
AMBR	Albert May 1000 West Avenue, Apartment 1408 Miami Beach, Florida 33139
AMBR	Michele Fajtmann 1000 West Avenue, Apartment 1408 Miami Beach, Florida 33139
E V: Effective date, if other than	the date of filing: (OPTIONAL)
E V: Effective date, if other than ective date is listed, the date must filling.) the date inserted in this block diment's effective date on the Dep	ust be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will no
E.V: Effective date, if other than ective date is listed, the date must filing.)  The date inserted in this block diment's effective date on the Dept.  E.VI: Other provisions, if any.	ust be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will no
E.V: Effective date, if other than ective date is listed, the date must filing.) the date inserted in this block dement's effective date on the Dep E.VI: Other provisions, if any.  REOUIRED SIGNATURE:	oes not meet the applicable statutory filing requirements, this date will no partment of State's records.
ective date is listed, the date must filing.)  'the date inserted in this block diment's effective date on the Depote VI: Other provisions, if any.  REOUIRED SIGNATURE:  Julien Bi Signature This document I am aware that	oes not meet the applicable statutory filing requirements, this date will no partment of State's records.
E.V: Effective date, if other than ective date is listed, the date must of filing.)  The date inserted in this block doment's effective date on the Deposit.  E.VI: Other provisions, if any.  REOURED SIGNATURE:  Julien Bi  Signature This document I am aware that	oes not meet the applicable statutory filing requirements, this date will no partment of State's records.  How e of a member or an authorized representative of a member, is executed in accordance with section 605.0203 (1) (b). Florida Statutes, any false information submitted in a document to the Department of State rd degree felony as provided for in s.817.155, F.S.

## 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)