

2-1413

L95000000489

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Mailor No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 PM 3:33

2/36/23/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	_____	_____	_____
TIME	_____	_____	CK No. _____
BY	<u>W</u>	_____	_____

WALK-IN
Will Pick Up 6:23

RE: 4190 N.W. 32nd Ave., L.C.

95 JUN 23 AM 10:13

DIVISION OF CORPORATION

C.C. FEE. DISBURSED

- ☒ Capital Express
- ☒ Art. of Inc. File
- ☐ Corp. Record Search
- ☐ Ltd. Partnership File
- ☐ Foreign Corp. File
- ☒ () Cert. Copy(s)
- ☐ Art. of Amend. File
- ☐ Dissolution/Withdrawal
- ☐ C U R
- ☐ Fictitious Name File
- ☐ Name Reservation
- ☐ Annual Report/Reinstatement
- ☐ Reg. Agent Service
- ☐ Document Filing
- ☐ Corporate Kit
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ Document Retrieval
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ File No.'s _____ Copies
- ☐ Courier Service
- ☐ Shipping/Handling
- ☐ Phone () _____
- ☐ Top Priority
- ☐ Express Mail Prop. _____
- ☐ FAX () _____ pgs.

600001526036
-06/28/95--01075--011
****337.50 ****337.50

SUBTOTALS

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum

THANK YOU
from _____
Your Capital Connection

ARTICLES OF ORGANIZATION
OF
4190 N.W. 32ND AVE., L.C.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 23 PM 3:33

ARTICLE I

The name of the limited liability company formed hereby is 4190 N.W. 32ND AVE., L.C.

ARTICLE II

The duration of the 4190 N.W. 32ND AVE., L.C. shall be until December 31, 2050, unless sooner dissolved.

ARTICLE III

The mailing address and street address of 4190 N.W. 32ND AVE., L.C. is:

c/o Juan Pino
7922 N.W. 164th Terrace
Miami Lakes, Florida

ARTICLE IV

The Registered Agent of 4190 N.W. 32ND AVE., L.C. and his address in the State of Florida is:

Juan Pino
7922 N.W. 164th Terrace
Miami Lakes, Florida

ARTICLE V

The Members may admit additional Members with the approval of the Managing Member and of a majority of the Members, on such terms and conditions as may be approved by the Managing member, a majority of the Members and the additional Member to be admitted.

ARTICLE VI

The remaining Members of 4190 N.W. 32ND AVE., L.C. have the right to continue the business of 4190 N.W. 32ND AVE., L.C. upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued Membership of a Member in 4190 N.W. 32ND AVE., L.C.

ARTICLE VII

4190 N.W. 32ND AVE., L.C. is to be managed by a Managing member. The initial Managing Member to serve until his successor is elected and qualified is:

Juan Pino
7922 N.W. 164th Terrace
Miami Lakes, Florida



Juan Pino, Managing Member

CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 PM 3:33

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is 4190 N.W. 32ND AVE., L.C.
2. The name and address of the Registered Agent and office is:

Juan Pino
7922 N.W. 164th Terrace
Miami, Lakes, Florida

Having been named as Registered Agent and to accept service of process for the above-stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.



Juan Pino, Registered Agent

Date: 6/20/95

4190 N.W. 32ND AVE., L.C.

By 

Juan Pino, Managing Member

AFFIDAVIT OF MEMBERSHIP
AND CONTRIBUTIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 23 PM 3:33

STATE OF FLORIDA

COUNTY OF DADE

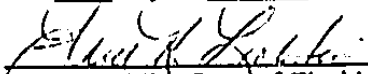
The undersigned, Juan Pino, Managing Member of 4190 N.W. 32ND AVE., L.C. deposes
and says:

1. The above-named limited liability company has at least two Members.
2. The total amount of cash contributed by the Members is \$ 250,000.00.
3. The agreed value of property other than cash contributed by members is \$-0-.
4. The total amount of cash anticipated to be contributed by Members in the future

is \$-0-.

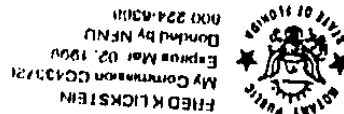

Juan Pino, Managing Member

SWORN TO AND SUBSCRIBED BEFORE ME, this 20 day of June, 1995.


Notary Public, State of Florida



FRED K. LICKSTEIN
My Commission CC433726
Expires Mar. 02, 1999
Bonded by NFNU
800.224.6388



FILE NOW: Fee after May 1, will be \$263.75

APPROVED
AND
FILED

1996 APR -4 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathison
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE
\$ 238.75

Annual Report \$100.00 + \$138.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

DOCUMENT # L95000000489

1. Name and Mailing Address
of Limited Liability Company

4190 N.W. 32ND AVE., L.C.
7922 N.W. 164TH TERRACE
MIAMI LAKES FL

1a. Principal Place of Business Address

7922 N.W. 164TH TERRACE
MIAMI LAKES FL

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

06/23/1995

3a. State of Formation

FL

4. FET Number

65-059-0777

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional Fee Required

7. Name and Address of Current Registered Agent

PINO, JUAN
7922 N.W. 164TH TERRACE
MIAMI LAKES FL

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 60J 410 and 608 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

DATE

SIGNATURE

Managing Members/Managers

Business Street Address

City, State and Zip Code

10. Title

MGRM

PINO, JUAN

7922 N.W. 164TH TERRACE

MIAMI LAKES FL

70000177530
-04/10/96--01044--017
****238.75 ****238.75

458
4/1/96

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company, or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

3-8-96 (305) 621-3400 (103)