

L14000105301

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H14000157561 3)))



H140001575613ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FILINGS, INC.  
Account Number : 072720000101  
Phone : (850) 385-6735  
Fax Number : (954) 641-4192

2014 JUL - 1 AM 10: 19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

RECEIVED  
14 JUL - 1 AM 11: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
11521 NW 23 STREET, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JUL - 2 2014  
T CLINE

H14000157561

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

**ARTICLE I - NAME**

The name of the Limited Liability Company is 11521 NW 23 STREET, LLC.

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1911 NW 104 Avenue  
Pembroke Pines, FL 33026

Mailing Address:

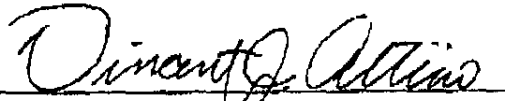
same

**ARTICLE III - REGISTERED AGENT, REGISTERED AGENT'S OFFICE & REGISTERED AGENT'S SIGNATURE:**

VINCENT J. ALTINO, ESQ.  
2101 West Commercial Boulevard, Suite 2800  
Fort Lauderdale, FL 33309

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2014 JUL - 19 AM 10:19

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 statues relating to the property 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.



Register Agent's Signature

H14000157561

#14000157561

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

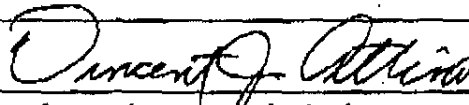
JOSEPH H. CROWLEY  
1911 NW 104<sup>th</sup> Avenue  
Pembroke Pines, FL 33025

ARTICLE V - EFFECTIVE DATE

Effective Date, if other than the date of filing: \_\_\_\_\_  
(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).

ARTICLE VI:

Other Provisions: \_\_\_\_\_



Signature of a member or an authorized representative of member

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

VINCENT J. ALTINO, ESQ.,  
Authorized Representative of Member  
Typed or printed name of signee

2014 JUL - 1 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#14000157561