

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

le:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

| **Enter | the  | email | ${\tt address}$ | for | this  | busine | 5.5 | entity | to b | e u | sed ( | [or  | futur | e () |
|---------|------|-------|-----------------|-----|-------|--------|-----|--------|------|-----|-------|------|-------|------|
| ən      | nual | repor | t mailin        | gs. | Enter | only o | one | email  | addr | 855 | plea  | se.' | ** :  |      |

Email Address:

## FLORIDA LIMITED LIABILITY CO. **COSTA MESA 17 LLC**

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

Help

Electronic Filing Menu

Corporate Filing Menu

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |          |           |      |
|---|----------|-----------|------|
| Costa Mesa 17 LLC   |          |           |      |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:   | ·        |           |      |
| 11895 SW37 st   |          |           |      |
| 11895 DW 37 st<br>Miani, Florida 33175  |          |           | _    |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (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.) |          | -         | _    |
| Milena Mesa.  | <u> </u> | 202       |      |
| 11895 SW 37 st  |          |           | ***; |
| 11895 SW 37 st<br>Wianu - FL 33175  | ,        | 0         | (200 |
| 11895 SW 37 ST  Wianu - Fl 33175  ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  |          | PH 12: 37 |      |
| Afilena Mesa - AMBR   |          |           |      |
|   |          |           | _    |
|   |          |           | _    |
|   |          |           | -    |
|   |          |           | -    |

EIN: 99-3908855

## Required Signatures:

3052201440

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Fiorida 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.

Milena Mesa
Typed or printed name of signee

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 herety 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)