Florida Department of State

Division of Corporations

etropic Filing (

(((H24000235703 3)))



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

للهوية ويهام المسابقة المراقية والمرافقة والمرافقة والمرافقة والمرافقة والمرافقة والمرافقة والمرافقة والمستقدم والمرافقة والمر

fo:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043 Phone : (800)342-9856 Fax Number : (800)354-3381

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

Email Address:_____

FLORIDA LIMITED LIABILITY CO.

6310 NW 103 PL 210 LLC

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

Ha40002351033

ARTICLES	DFORGANIZATION FOR	FLORIDA LI	/LITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Linbit	lity Company is:			
6310 NW 103 PL 2 (Muss co)	10 LLC ntain the words "Limited	Liability Con	npany, "L.L.C.," or "LLC,")	
ARTICLE II - Address: The mailing address and street	address of the principal c	office of the L	imited Liability Company is:	
Princi	nal Office Address:		Malling Address	;
6310 NW 103 PLA DORAL, FL 33178	CE, #210		39-07 PRINCE STREET, SUITE FLUSHING, NY 11354	
ARTICLE III - Registered Ap (The Limited Liability Compar another business cutlity with an The name and the Florida stree	y cannot serve as its own active Florida registration	i Registered A on.) I agent are:	1 Agent's Signature: gent. You must designate an indivi	dual or
		Name		
	4474 WESTON RO			
	Florida street addres	s (P.O. Box <u>f</u>	IOT acceptable)	
	DAVIE	FL State	33331	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	e, I hereby accept the app provisions of all statutes re	oinment as re elating to the p	for the above stated limited liability gistered agent and agree to act in the proper and complete performance of agent as provided for in Chapter 60.	his capacity. I f my duties, and I
				
	Relgost	ered Agent's	Signature (REQUIRED)	50
		(CONTIN	JED)	
				7) X

117/1000 2000033

H240002357033

"AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JENNY ZEHONG ZENG
	60 Deepdene Road Forest Hills, NY 11375
·	
(Use attachment if necessary)	
reffective date is listed, the date must be of filing.)	date of filing: N/A (OPTIONAL) of specific and enough be more than five business days prior to or 90 days after not meet the applicable statutory filing requirements, this date will not be listed as ment of State's records.
ICLE VI: Other provisions, if any.	
	
REQUIRED SIGNATURE:	724 J
REQUIRED SIGNATURE:	W July 2011
Signuture of a	a member or on authorized representative of a member.
Signuture of a	a member or on authorized representative of a member.
Signature of a This document is ex	a member or on authorized representative of a member.

Filing Fem:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

H240002352033