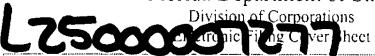
Florida Department of State



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.

(((H25000001456 3)))



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)617-6381

From:

Account Name : EXPRESS FILINGS INC

Account Number : I20220000042 Phone : (786)370-2432 Fax Number : (786)866-6349

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

Email Address: manoloian 2004@yahoo.com

FLORIDA LIMITED LIABILITY CO. EAST OCEAN LEASING LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

(((H25000001456 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	EAST OCEAN LEA	SING LLC	
	s "Limited Liability Cor		" or "LLC.")
ARTICLE II - Address: The mailing address and street address of the	principal office of the L	imited Liability	/ Company is:
Principal Office Address:			Mailing Address:
14650 SW 169TH TE	R		14650 SW 169TH TER
14000 3W 100111 [E	, ,		2 1000 0 11 100 111 101
MIAMI FL 33177 ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve mother business entity with an active Florida	red Office, & Registere		MIAMI FL 33177
MIAM! FL 33177 ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve	red Office, & Registered / a as its own Registered / a registration.)		MIAMI FL 33177
MIAMI FL 33177 ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve mother business entity with an active Florida	red Office, & Registered / a as its own Registered / a registration.)	Agent. You must	MIAMI FL 33177 ature: t designate an individual or
MIAMI FL 33177 ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve mother business entity with an active Florida	red Office, & Registered / a sits own Registered / a registration.) e registered agent are:	Agent. You must DEZ, ORIAN	MIAMI FL 33177 ature: t designate an individual or
MIAMI FL 33177 ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve mother business entity with an active Florida	red Office, & Registere e as its own Registered A a registration.) e registered agent are: LEON HERNAN	Agent. You must DEZ, ORIAN	MIAMI FL 33177 ature: t designate an individual or
MIAMI FL 33177 ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve mother business entity with an active Florida The name and the Florida street address of the	red Office, & Registered As a registeration.) e registered agent are: LEON HERNAN Nam	Agent. You must DEZ, ORIAN e 59TH TER	MIAMI FL 33177 ature: t designate an individual or
MIAMI FL 33177 ARTICLE III - Registered Agent, Register The Limited Liability Company cannot serve mother business entity with an active Florida The name and the Florida street address of the	red Office, & Registered As its own Registered As registration.) e registered agent are: LEON HERNAN Nam	DEZ, ORIAN e 59TH TER	MIAMI FL 33177 ature: t designate an individual or

juriner agree to comply with the provisions of all statutes retaing to the proper and complete performance of my au am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

<u>Orian Leon Hernandez</u> Orian Leon Hernandez (Jan 2, 7025 20:23 EST) Registered Agent's Signature (REQUIRED)

(CONTINUED)

From: ADRIAN MEDINA

(((H25000001456 3)))

**IMBR ** LEON HERNANDEZ, ORIAN ** 14650 SW 169TH TER ** MIAMI FL 33177 AMBR ** CABANAS, ARLENE ** 1482 NW 20TH ST ** HOMESTEAD FL 33030 EV: Effective date, if other than the date of filing:	Title: "AMBR" = Authorized Member	Name and Address:
AMBR CABANAS, ARLENE 1482 NW 20TH ST HOMESTEAD FL 33030 E.V: Effective date, if other than the date of filing: cutve date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nearl's effective date on the Department of State's records. E.VI: Other provisions, if any. REQUIRED SIGNATURE: DYAN LEON HEYMANDEZ This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, 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. LEON HERNANDEZ, ORIAN Typed or printed name of signee	"MGR" = Manager	LEON HERNANDEZ ORIAN
AMBR CABANAS, ARLENE 1482 NW 20TH ST HOMESTEAD FL 33030 E.V: Effective date, if other than the date of filing: citive date is listed, the date must be specific and cannot be more than five business days prior to or 90 filing.) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nearly seffective date on the Department of State's records. E.VI: Other provisions, if any. REQUIRED SIGNATURE: Onant per memorabe (Jan 1, 587-30-1115); Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605-0203 (1) (b), Florida Statutes, 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. LEON HERNANDEZ, ORIAN Typed or printed name of signee	AIVIBR	
AMBR CABANAS, ARLENE 1482 NW 20TH ST HOMESTEAD FL 33030 EV: Effective date, if other than the date of filing:		
HOMESTEAD FL 33030 EV: Effective date, if other than the date of filing:	AMBR	
(Use attachment if necessary) E.V: Effective date, if other than the date of filing:		1482 NW 20TH ST
EV: Effective date, if other than the date of filing:		HOMESTEAD FL 33030
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		
EV: Effective date, if other than the date of filing:		<u></u>
REQUIRED SIGNATURE: Onan Leon Hernandez Onan Leon Hernandez Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. LEON HERNANDEZ, ORIAN Typed or printed name of signee	(Use attachment if necessary) E.V: Effective date, if other than the	date of filing: (OPTIONAL)
Onan Leon Hernandez Onan Leon Hernandez Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. LEON HERNANDEZ, ORIAN Typed or printed name of signee	E.V: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
Onan Leon Hernandez Onan Leon Hernandez Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. LEON HERNANDEZ, ORIAN Typed or printed name of signee	E.V: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. LEON HERNANDEZ, ORIAN Typed or printed name of signee	E.V: Effective date, if other than the ective date is listed, the date must be filing.) The date inserted in this block does ment's effective date on the Department. E.VI: Other provisions, if any,	be specific and cannot be more than five business days prior to or 90 d not meet the applicable statutory filing requirements, this date will not b
Typed or printed name of signee	E.V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date in this block does ment's effective date in this block does ment's effective date in this block does ment's effective date on the Department's ef	not meet the applicable statutory filing requirements, this date will not be ment of State's records.
Typed or printed name of signee	E.V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on th	not meet the applicable statutory filing requirements, this date will not be ment of State's records. Crnandez Parameter Parameter
	E.V: Effective date, if other than the ective date is listed, the date must be of filing.) The date inserted in this block does ment's effective date on the Department's effective date on th	not meet the applicable statutory filing requirements, this date will not be ment of State's records. Cernandez