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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : RITTER, RITTER & ZARETSKY

Account Number : 120010000015 |
Phone : (305)372-0933
Fax Number : (305)372-0836

03 OCT -9 AH 8: 14
JEVISION OF CORPORATION

LIMITED LIABILITY COMPANY

DEAUVILLE ASSOCIATES, LLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$160.00

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TRANSMITTAL LETTER

	tration Section on of Corporations		
SUBJECT:	DEAUVILLE ASSOCIATE	ES, LLC	
bestr.	(Name of Lin	mited Liability Company)	
The enclosed	Articles of Organization and	fee(s) are submitted for filing.	
Please return	all correspondence concerning	g this matter to the following:	
LOUIS D. Z	ZARETSKY, ESQ		
	(Name of Person)		
RITTER, R	ITTER & ZARETSKY, LLP		
	(Firm/Company)		ŕ
555 NE 15	TH STREET, SUITE 100		
MIAMI, FL	(Address) 33132		
	(City/State and Zip Code)	
For further in	formation concerning this ma	tter, please call:	SLURE
LOUIS D. 2	ZARETSKY	at (305) 372-0933	THA CASS
	(Name of Person)	(Area Code & Daytime Telephone Number)	E. E.
STREET AL Registration 5 Division of C 409 E. Gaines Tallahassee, I	Section Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	AGRAT

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	I -	Name	

The name of the Limited Liability Company is:

DEAUVILLE ASSOCIATES, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
C/O HOMERO F. MERUELO	SAME
5101 COLLINS AVENUE - MANAGEMENT	
MIAMI BEACH FL 33140	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Name

555 NE 15TH STREET, SUITE 100

Florida street address (P.O. Box NOT acceptable)

MIAMI BEACH, PL 33132

City, State, and Zip

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 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 608, F.S..

Registered Agent's Signature

(CONTINUED)

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ARTICLE	IV- Man	acer(s) or	· Managing	Member	(8):
AUTIOUS	T 4 - 741 411	WEST/OF OR	. 171-221101 <u>22</u> 1115	TATARTIMOSE	, .

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:				
"MGR" = Manager "MGRM" = Managing Member					
MGR	DEAUVILLE HOLDINGS, INC.				
	5101 COLLINS AVE, -MGMT OFFICE MIAMI BEACH FL 33140	_			
÷ =					
(Use attachment if necessary)					

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HOMERO F. MERUELO

Typed or printed name of signee

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)

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