

W04000038187

Michigan Department of State  
Division of Corporations  
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DIVISION OF CORPORATION

To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

05/19/2004 13:17  
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LIMITED LIABILITY COMPANY

rosetta cottages, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

W04-38187  
OR

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

ROSETTA COTTAGES, 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:

10717 SW 104TH STREET

PO BOX 560204

UNIT C30

MIAMI, FL, 33256

MIAMI, FL, 33176

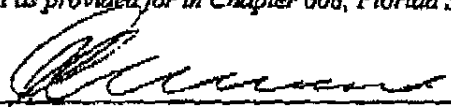
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  
The name and the Florida street address of the registered agent are:

G.O.L. HENRIQUES  
Name

801 BRICKELL AVE, 9TH FLOOR  
Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33131  
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, Florida Statutes.*

  
\_\_\_\_\_  
Registered Agent's Signature

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

**Title:**  
"MGR" = Manager  
"MGRM" = Managing Member


**Name and Address:**

MGRM	GOL HENRIQUES, ESQ 10717 SW 104TH STREET, #C30 MIAMI, FL. 33176
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(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 authorized 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.)

G. L. Henriques  
Typed or printed name of signer

- Filing Fees:**
- \$100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)

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