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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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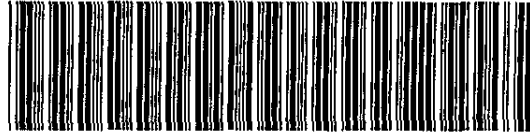
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TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SENRA REALTY, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carl B. Lisa, Esq.

(Name of Person)

Lisa & Sousa, Ltd.

(Firm/Company)

5 Benefit Street

(Address)

Providence, RI 02904

(City/State and Zip Code)

For further information concerning this matter, please call:

Carl B. Lisa, Esq.

(Name of Person)

at

( 401 )

274-0600

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SENRA REALTY, 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:**

1851 South West 179th Avenue  
Miramar, FL 33029

same

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

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

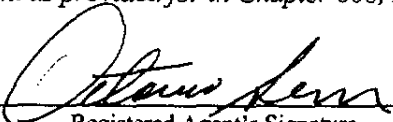
Octavio Senra  
Name  
1851 South West 179th Avenue  
Florida street address (P.O. Box **NOT** acceptable)  
Miramar FLORIDA 33029  
City, State, and Zip

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

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*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  
Octavio Senra

**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:**

MGR

Octavio Senra

1851 South West 179th Avenue  
Miramar, FL 33029

MGRM

Octavio Senra, Trustee of the Octavio Senra Revoc-  
cable Trust 1988, restated 5/23/96 and amended  
and restated 2004

1851 South West 179th Avenue  
Miramar, FL 33029

MGRM

Cremilda Senra, Trustee of the Cremilda Senra  
Revocable Trust 1988, restated 5/23/96 and amended  
and restated 2004

(Use attachment if necessary)

1851 South West 179th Avenue  
Miramar, FL 33029

**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.

Octavio Senra, Trustee, 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.)

Octavio Senra, Trustee, Member

\_\_\_\_\_  
Typed or printed name of signee

**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)**