

W4000065947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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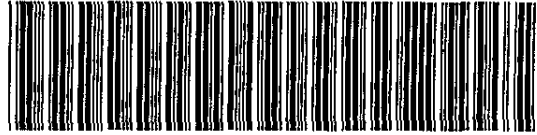
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MJH

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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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. at (401) 274-0600
(Name of Person) (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

same

Miramar, FL 33029

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

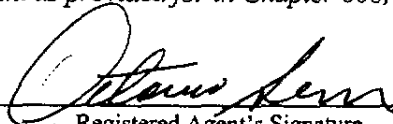
City, State, and Zip

STATE OF FLORIDA
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-
able 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

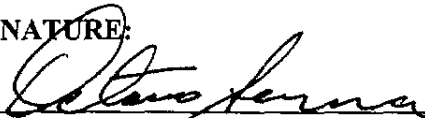
1851 South West 179th Avenue

Miramar, FL 33029

(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.

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)