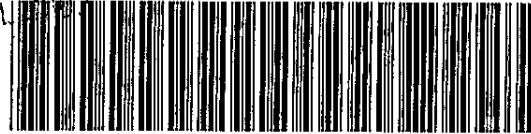


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2005 MAR 14 P 3:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



500047953115

03/14/05--01008--002 \*\*160.00

~~03/13/05--01001--002 \*\*160.00~~

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only

## TRANSMITTAL LETTER

FILED

TO: Registration Section  
Division of Corporations

2005 MAR 14 P 3:31

SUBJECT: 8601 SW 129 Terrace LLC  
(Name of Limited Liability Company)

SEC. CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Steven Naclerio  
(Name of Person)

c/o Shook Hardy & Bacon  
(Firm/Company)

201 S. Biscayne Blvd  
(Address)

Miami Florida 33131  
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Naclerio at ( 305 ) 358 5171  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|---|---|--|

**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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RECEIVED P 3 31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

8601 SW 129 Terrace LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

24th Floor  
201 S. Biscayne Blvd.  
Miami Florida 33131

**Mailing Address:**

c/o Steven Naclerio, Esq.  
Shook Hardy & Bacon 24 th Floor  
201 S. Biscayne Blvd. Miami Florida 33131

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

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

Steven Naclerio  
Name  
201 S. Biscayne Blvd 24th Floor  
Florida street address (P.O. Box NOT acceptable)  
Miami FL 33131 FL  
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..*

*Steven Naclerio*

Registered Agent's Signature

(CONTINUED)

**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:**

**FILED**

2005 MAR 14 P 3: 3

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mgrm

Steven Naclerio

[same]

mgrm

Jonathan Jonasz

[same]

mgrm

Richard Preira

[same]

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

*Steven Naclerio*

**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.)

STEVEN NACLERIO

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**