# Florida Department of State F

**Division of Corporations** Public Access System

2005 JUN -2 A 9: 44

Electronic Filing Cover Sheet TALLAHASSEE, FLORIDA

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000138299 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number : (305) 633-9696

### LIMITED LIABILITY COMPANY

cascais 25, l.l.c.

	and the second of the second o
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00





# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

FILED

2085 JUN -2 A 9: 44

SECR

SECRETARY OF STATE TALLAHASSEE. FLORIDA

## CASCAIS 25, L.J..C.

ARTICLE I

The name of the Limited Liability Company shall: CASCAIS 25, L.L.C.

#### ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

#### ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 4760 SW 163<sup>rd</sup> PLACE, MIAMI, FL 33185

#### ARTICLE IV

The name of the Managing Member(s) for this company shall be:

ELIZABETH MUCHAGATO DE DA ROCHA

4760 SW 163rd PLACE

MIAMI, FL 33185

MANUEL DA ROCHA

4760 SW 163rd PLACE

MIAMI, FL 33185

#### ARTICLE V

The name and the Florida street address of the registered agent: CABANAS & ASSOCIATES, P.A., 10520 NW 26th STREET, SUITE C-201, MIAMI, FL 33172

HD5000138299

HOSOOP 25044

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERE 1995 JUN - 2 A 9: 44
OFFICE/MEMBER/REPRESENTATIVE
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CASCAIS 25, L.L.C.

(Name of Company)

Having been name as Registered Agent and to accept service of process for the above stated Limited Liability Company at the place designated in the Articles of Organization, 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.

Cabanas & Associates, P.A.

Registered Agent

Signature of a Weinber 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.)

JOSEPH F. CABANAS

Typed or Printed Name of Signee

H05000138299