

W05000109203

Florida Department of State
Division of Corporations
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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

W05-109203

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY
CLERMONT BREEZE INVESTORS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CLERMONT BREEZE INVESTORS, LLC

ARTICLE II - Address:

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

**1247 ALTON ROAD
MIAMI BEACH, FL 33139**

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

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

MARK E. ROUSSO, ESQ.

**18851 NE 29th Avenue, Suite 900
Aventura, FL 33180**

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.



Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by the manager and is, therefore, a manager managed company.

The Manager is

LINETTE GUERRA



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.)

LINETTE GUERRA

Typed or printed name of signee

SECRETARY OF STATE
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