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## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255 : (305)634-3694 Phone

: (305)633-9696 Fax Number

## LIMITED LIABILITY COMPANY



## RESEARCH PROPERTIES, LLC

| Certificate of Status |   | - ministra | O<br>Transcraterations |  |
|-----------------------|---|------------|------------------------|--|
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850-205-0381



November 30, 2005

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: RESEARCH PROPERTIES, LLC

REF: W05000052914

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Section 608.407, Florida Statutes, requires the document(s) to be signed

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

by a member or by the authorized representative of a member.

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Leslie Sellers Document Specialist

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FAX Aud. #: H05000273782 Letter Number: 905A00069686

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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

RESEARCH PROPERTIES, LLC

#### ARTICLE II - Address:

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

3431 SW 107th Avenue Miami, Fla. 33165

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

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

Ralph Pomares Name 3431 SW 107th Street Florida street address (P.O. Box NOT acceptable) Miami, Florida 33165 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.

istered Agent's Signature

#### ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article must be added if an

effective date is requested)

Signature of a member or an authorized representative of a member.

(An additional article must be added if an effective date is requested)

> Signature of a member or an authorized representative of a member.

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(In accordance with section 508.408(3), Florida Statutes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

(In accordance with section 608.40(3), Florida Statures the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

#### Raiph Pomares, Managing Member

Typed or printed name of signee

Typed or printed name of signce

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

RESEARCH PROPERTIES, LLC

The name and the Florida street address of the registered agent and office is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name
3431 SW 107th Street
Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33165 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.

(Signature)

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