

LD7000028723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

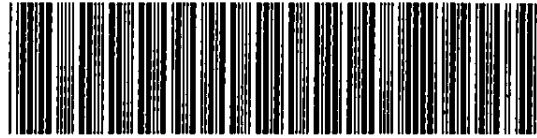
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



300092605453

03/15/07--01014--019 \*\*160.00

FILED  
07 MAR 15 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORBE FUNDING, L.L.C.  
(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:

RAFAEL COHEN  
(Name of Person)

ORBE DEVELOPERS, L.L.C.  
(Firm/Company)

16300 N.E. 19TH AVENUE, SUITE 213  
(Address)

NORTH MIAMI BEACH, FL 33162-4879  
(City/State and Zip Code)

For further information concerning this matter, please call:

RAFAEL COHEN at (305) 947-0108  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ORBE FUNDING, L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

16300 NE 19TH AVE STE 213  
NORTH MIAMI BEACH, FL 33162

SAME

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

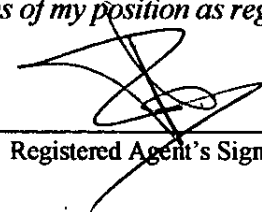
RAFAEL COHEN  
Name

16300 N.E. 19TH AVENUE, SUITE 213  
Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI BEACH FL 33162  
City, State, and Zip

FILED  
07 MAR 15 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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 (REQUIRED)

(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:**

MGMR

ISAAC SHTEREMBERG

10471 N.W. 36TH STREET

DORAL, FL 33178

MGMR

RALPH MERRITT, JR.

2325 N.W. 102 PLACE

DORAL, FL 33172

MGMR

LUIS MIGUEL MESSIANU, AS TRUSTEE OF THE

LUIS MIGUEL MESSIANU 2001 REVOCABLE TRUST DATED 4/12/01

13621 DEERING BAY DRIVE APT 403, CORAL GABLES, FL 33158

MGMR

RAFAEL COHEN, AS TRUSTEE OF THE

REVOCABLE INTERVIVOS TRUST OF RAFAEL COHEN DATED 7/12/2002

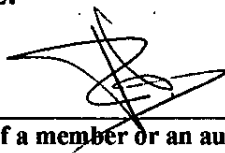
16300 NE 19TH AVE STE 213, NORTH MIAMI BEACH, FL 33182

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**



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.)

RAFAEL COHEN

Typed or printed name of signee

FILED  
07 MAR 15 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)