## 04000008934

equestor's Name)	
ddress)	
ddress)	
ty/State/Zip/Phone	e #)
WAIT	MAIL
usiness Entity Nan	ne)
ocument Number)	
_ Certificates	s of Status
Filing Officer:	
	ddress)  ddress)  ty/State/Zip/Phone  WAIT  usiness Entity Nar  ccument Number)  Certificates

Office Use Only



000142001900

01/27/09--01029--011 \*\*160.00

J. BRYAN

JAN. 2 8 2009

**EXAMINER** 

TO:	O: Registration Section Division of Corporations				
SUBJE	DORAL LINCOLN MERCURY, LLC				
	(Name of Limited Liability Company)				
The en	closed Articles of Organization and fee(s) are submitted for filing.				
Please	return all correspondence concerning this matter to the following:				
	Mary Lou Rodon, Esq.				
	(Name of Person)				
•	Mary Lou Rodon, P.A.				
	(Firm/Company)				
	2222 Ponce de Léon Blvd., PH				
	(Address)				
	Coral Gables, Florida 33134				
	(City/State and Zip Code)				
For fur	Coral Gables, Florida 33134  (City/State and Zip Code)  (City/State and Zip Code)  (City/State and Zip Code)  (City/State and Zip Code)				
Mar	y Lou Rodon, Esq. at (305 ) 445-8881				
	(Name of Person) (Area Code & Daytime Telephone Number)				
Enclos	ed is a check for the following amount:				
<b>\$12</b> 5.	00 Filing Fee \$\Bigsquare \text{\$130.00 Filing Fee & Status}\$\$155.00 Filing Fee & \$\bigsquare \$				
	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				

DORAL LING	mited Liability Compa	3
(Mı	ust end with the words "Limited	d Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Ad The mailing addres		the principal office of the Limited Liability Company i
Principal Office A	Address:	Mailing Address:
9000 N.W. 12th Miami, Florida		same
man, morad		
(The Limited Liability Co	ompany cannot serve as its own	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of	n Registered Agent. You must designate an individual or another  f the registered agent are:
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.) Florida street address of Luis M. Somoan	n Registered Agent. You must designate an individual or another  f the registered agent are:
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.)  Florida street address of Luis M. Somoan	f the registered agent are:  Name
(The Limited Liability Co business entity with an a	ompany cannot serve as its own active Florida registration.)  Florida street address of Luis M. Somoan 9000 N.W. 12th	f the registered agent are:  Name  Street
(The Limited Liability Co business entity with an a	pompany cannot serve as its own active Florida registration.)  Florida street address of Luis M. Somoan  9000 N.W. 12th  Florida str	f the registered agent are:  Name  Street  eet address (P.O. Box NOT acceptable)
(The Limited Liability Co business entity with an a	pompany cannot serve as its own active Florida registration.)  Florida street address of Luis M. Somoan  9000 N.W. 12th  Florida str  Miami.	f the registered agent are:  Name  Street  eet address (P.O. Box NOT acceptable)  FL 33172
(The Limited Liability Co business entity with an a	pompany cannot serve as its own active Florida registration.)  Florida street address of Luis M. Somoan  9000 N.W. 12th  Florida str  Miami.	f the registered agent are:  Name  Street  eet address (P.O. Box NOT acceptable)

(CONTINUED) Page 1 of 2

tered Agent's Signature (NEQUIRED)

## 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:	OS JAH 27
MGRM .	Luis M. Somoano 9000 N.W. 12th Street Miami, Florida 33172	M27 PH 1:59
		<del></del> 
(Use attachment if necessary)		
	n the date of filing: (OPT set be specific and cannot be more than five busine	

**REQUIRED SIGNATURE:** 

Signature of a number or im authorized apresentative 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.)

Luis M. Somoano, MGRM

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)