

LD9 000059215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

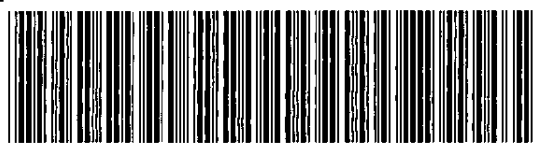
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(Business Entity Name)

(Document Number)

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JUN 18 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 10365 N. KENDALL DR., LLC**  
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:

**Rachel L. Tolley**  
Name of Person

**JONATHAN H. GREEN & ASSOCIATES, P.A.**  
Firm/Company

**799 Brickell Plaza, Suite 700**  
Address

**Miami, Florida 33131**  
City/State and Zip Code

**ajz@jhglaw.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Rachel L. Tolley** at ( **305** ) **372-5100**  
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**

**COMPANY NAME**

The name of the Limited Liability Company is:

10365 N. KENDALL DR., LLC

**ARTICLE II**

**ADDRESS**

The mailing address and street address of the principal office of 10365 N. KENDALL DR., LLC is:

7000 NW 53 Terrace  
Miami, Florida 33166

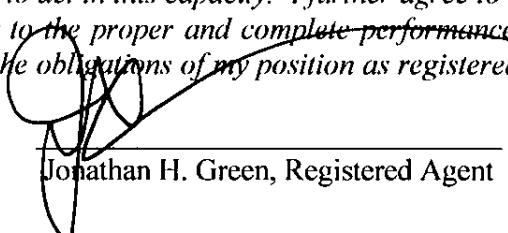
**ARTICLE III**

**REGISTERED AGENT, REGISTERED OFFICE**  
**AND REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the Registered Agent are:

Jonathan H. Green & Associates, P.A.  
799 Brickell Plaza, Suite 700  
Miami, FL 33131

*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.*

  
Jonathan H. Green, Registered Agent


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**ARTICLE IV**

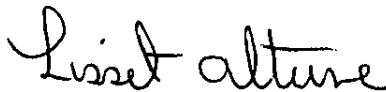
**MANAGEMENT**

10365 N. KENDALL DR, LLC is to be managed by one (1) member and is, therefore, a single member managed company. The name and address of the Managing Member is as follows:

**ALTUVE FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP**, Manager/Member  
7000 NW 53 Terrace  
Miami, Florida 33166



NORYS ALTUVE, as General Partner



LISSET ALTUVE, as General Partner