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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

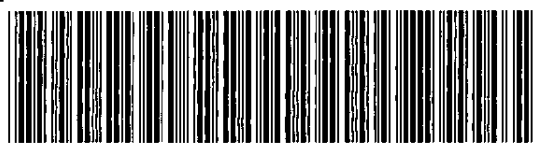
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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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

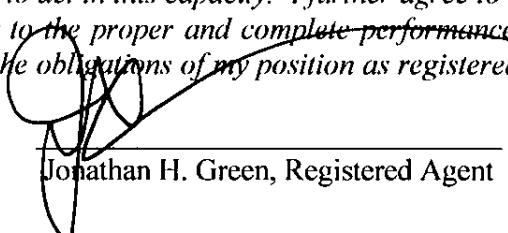
ARTICLE III

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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DIVISION OF CORPORATIONS AND BUSINESSES
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ARTICLE IV

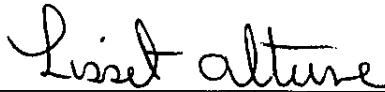
MANAGEMENT

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