

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H10000107746 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EMFIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633~9696

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# FLORIDA LIMITED LIABILITY CO.

2626 ponce, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

S. HAWKES

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

5/3/2010

PAGE 01/03

EWAIKE COBA KIL

3696889908

02/03/5010 14:30

HIOOOO 107746 -3 AM 10. 11 ARTICLES OF ORGANIZATION FOR 2626 PONCE, LLC

#### ARTICLE I - Name:

The name of the Limited Liability Company is: 2626 Ponce, LLC

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: Unit 11-C, 2843 South Bayshore Drive, Coconut Grove, Florida 33133-6023.

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

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.

### Article IV - Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title: Name and Address: Managing Member Gilda Valladares Unit 11-C 2843 South Bayshore Drive Coconut Grove, Florida 33133-602

H10000107

Samuel Spencer Blum

2006 tigertail avenue, suite 106 coconut grove, florida 33133 — Telephone: (308) 884-1806 telepax: (308) 884-3314 E-MAIL: SAM @SAMBLEM.000

H1000017746

Page 2 of 2

Signature of a member or an arrepresentative 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.)

Typed or printed name of signee

FILING FEBS:

\$ 100.00 Filing Fee for Articles of Organization \$ 25.00 Designation of Registered Agent \$ 30.00 Cortified Copy (OPTIONAL) \$ 5.00 Certificate of Status (OPTIONAL)

SSB/nbf

SUPPLOIDODOIH

# Samuel Spencer Blum

ATTORNEY AT LAW

2666 yigertail avenue. Suite (og coconut grove, florida 33133 - Telephone) (308) 864-1886 Yelefari (306) 864-3314 E-mail: Sam@semblunloom