

L12000016780
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

370230

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.

((H12000029674 3)))



H120000296743ABC+

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 : EMPIRE COREORATE 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.
CHIQUINHA PROPERTIES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
12 FEB -3 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -3 AM 7:25

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION FOR CHIQUINHA PROPERTIES LLC, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: **Chiquinha Properties, LLC**

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 4550 New Linden Hill Road, suite 200, Wilmington, DE, 19808.

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.



Registered Agent's Signature

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

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

Title:
Manager

Name and Address:
Cecilia Brandileone
699 Woodcrest Road
Key Biscayne, Florida 33149-2022


Signature of a member or an authorized representative of a member.

Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1888 TELEFAX: (305) 854-8314
E-MAIL: sam@samblum.com

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB - 3 AM 7:25

(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.)

Cecilia Brandilone
Typed or printed name of signee

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

SSB/abr
EMPLOYER'S LIABILITY INSURANCE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB -3 AM 7:25

Samuel Spencer Blum

ATTORNEY AT LAW

8000 WICKERTAL AVENUE, SUITE 100 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1885 TELEFAX: (305) 854-3314
EMAIL: sblum@ssblum.com