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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

8-13

TO:

Registration Section Division of Corporations

SUBJECT: THE C		CE & CLUB LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Organization and fee(s) are	submitted for filing.	
Please return all correspondent	ondence concerning this mat	tter to the following:	
JAVIER A	ALONSO		
		Name of Person	
THE CHE	RISTIAN PLACE	& CLUB LLC	
		Firm/Company	
1901 NW	SOUTH RIVER I	DRIVE # 60	
		Address	
MIAMI, FL			
4h h'4'		ty/State and Zip Code	
tnechristian	olace&club@yahoo. E-mail address: (to be used	com for future annual report notification)
For further information of	concerning this matter, pleas	•	
JAVIER ALONSO		_at (786) 231-491	5
Name o	f Person	Area Code & Daytime T	
Enclosed is a check for	r 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 Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE CHRISTIAN PLACE & CLUB LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

1901 NW SOUTH RIVER DRI	VE # 60 SAME			
ARTICLE III - Registered A (The Limited Liability Company cannot business entity with an active Florida r	Agent, Registered Office, & Regist serve as its own Registered Agent. You must degistration.)	tered Agent's Signature: designate an individual or another		
The name and the Florida stre	et address of the registered agent are	e: Ar	73	
JAVIER	ALONSO		SEP	* "77"
	Name	—————————————————————————————————————	20	* 32****
1901 N\	W SOUTH RIVER DRIVE	# 60 SEE		
	Florida street address (P.O. Box NOT	acceptable)	PH	
MIAMI	_{FL} 33125	STAI _ORI	2:	
	City, State, and Zip	IDA	N	

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..

Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MANAGER	JAVIER ALONSO
	1901 NW SOUTH RIVER DRIVE # 60 MIAMI, FL 33125
	MIA(MI), 1 C 33 123
MANAGING MEMBER	JULIO C BERNAL
	2811 NW 6 ST
	MIAMI, FL 33125
(Use attachment if necessary)	
	the date of filing: 09/18/2012 (OPTIONAL)
effective date is listed, the date mus 90 days after the date of filing.)	st be specific and cannot be more than five business days p

(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. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

JULIO C BERNAL

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)