

L13000123042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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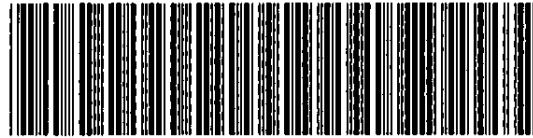
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
2013 AUG 29 PM 2:44  
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TO AGENCY OF THE  
SUFFICIENCY OF FILING

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2013 AUG 29 AM 11:15  
SECRETARY OF STATE  
FALLAHASSEE, FLORIDA

B. BOSTICK  
AUG 30 2013  
EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 08/29/2013

REF. #: 8877805

CORP. NAME: 163 BLUE PALMS, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 70006583 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- CERTIFIED COPY       CERTIFICATE OF GOOD STANDING       PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

Examiner's Initials

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**ARTICLES OF ORGANIZATION**

**OF**

**163 BLUE PALMS, LLC  
a Florida limited liability company**

1. The name of the limited liability company is:

163 BLUE PALMS, LLC.

2. The mailing and street address of the principal office of the limited liability company is:

12895 SW 132nd Street  
Suite 203  
Miami, FL 33186.


3. The name and street address of the initial registered agent of the limited liability company are:

Liliana M. Aguirre  
12895 SW 132nd Street  
Suite 203  
Miami, FL 33186.

4. The names and street address of the Manager is:

Liliana M. Aguirre  
12895 SW 132nd Street  
Suite 203  
Miami, FL 33186.

Dated: as of August 29, 2013.

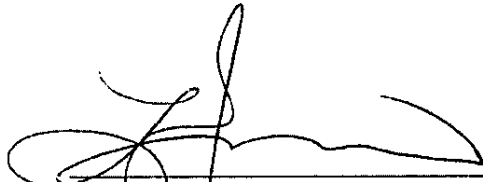
  
\_\_\_\_\_  
Liliana M. Aguirre  
Authorized Representative

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**ACCEPTANCE OF APPOINTMENT  
AS REGISTERED AGENT**

The undersigned, who has been designated in the foregoing Articles of Organization as registered agent for the limited liability company therein named, hereby agrees that (i) she accepts such appointment as registered agent and will accept service of process for and on behalf of said limited liability company, and (ii) she is familiar with and will comply with any and all laws relating to the complete and proper performance of the duties and obligations of a registered agent of a Florida limited liability company.

Dated: as of August 29, 2013.

  
\_\_\_\_\_  
Liliana M. Aguirre  
Registered Agent

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