

H15000057025

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.
PROPELLER VENTURES, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

APR 01 2015
J. BRUCE



March 31, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAZARUS

SUBJECT: PROPELLER VENTURES, LLC
REF: W15000022123

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 30, 2015. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: E15000079156
Letter Number: 515A00006339

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Propeller Ventures, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

6355 NW 36 Street
East Building Second Floor
Miami, Florida 33186

Mailing Address:

6355 NW 36 Street
East Building Second Floor
Miami, Florida 33186

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

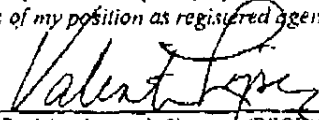
The name and the Florida street address of the registered agent are:

Valentin Lopez c/o Lopez & Partners LLC
Name

2600 S. Douglas Road, Suite 811
Florida street address (P.O. Box ~~NOT~~ acceptable)

Coral Gables FL 33134
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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 605 F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)
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TALLAHASSEE FLORIDA

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Juan Mora

6355 NW 38 Street, East Bldg 2nd Floor

Miami, Florida 33166

MGR

Gutierrez Bravo, LLC

810 Blue Road

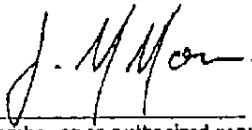
Coral Gables, Florida 33133

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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REQUIRED SIGNATURE:



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

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Juan Mora

Typed or printed name of signee

H15000079156