

**W4000014413**

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**LIMITED LIABILITY COMPANY**

**1850 colquitt, llc**

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

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

1850 COLQUITT, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**C/O FLORENCIA JIMENEZ-MARCOS2152 ALTON ROADMIAMI BEACH, FL 33140-4549**Mailing Address:**C/O FLORENCIA JIMENEZ-MARCOS2152 ALTON ROADMIAMI BEACH, FL 33140-4549

FILED  
CLERK OF  
TALLAHASSEE  
FLORIDA  
MAR 1 2004

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TALLAHASSEE  
FLORIDA  
MAR 1 2004

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

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

XAVIER GONZALEZ-SANFELIU

Name

2152 ALTON ROADFlorida street address (P.O. Box NOT acceptable)MIAMI BEACHFLORIDA 33140-4549

City, State, and Zip

*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.*

*Xavier Gonzalez-Sanfeliu*  
Registered Agent Signature

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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:**

MGR

XAVIER GONZALEZ-SANFELIU

2152 ALTON ROAD

MIAMI BEACH, FL 33140-4549

MGRM

ALESSANDRO COLITTO

130 S PROSPECT DRIVE

CORAL GABLES, FL 33133

MGRM

ARMANDO RODRIGUEZ

2152 ALTON ROAD

MIAMI BEACH, FL 33140-4549

SECRETARY OF STATE  
PALM BEACH, FLORIDA

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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**  
Signature of a member or an authorized representative 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.)

XAVIER GONZALEZ-SANFELIU

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 10.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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