

Division of Corporations

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L050000092326

Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 205-0383

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05 SEP 19 AM 11:57

DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

5599 SE 127TH PLACE LLC.

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

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SEP 19 A 8 47

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

5599 SE 127th Place 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:

14833 SW 166 Street
Miami, Florida 33177

Mailing Address:

14833 SW 166 Street
Miami, Florida 33177

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:

Obdulia Lemus

Name

14833 SW 166 Street

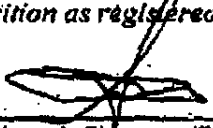
Florida street address (P.O. Box NOT acceptable)

Miami, Florida 33177

FL

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, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

Barbara Angel (MGRM)

21133 SW 85th Ave # 314,
Miami, Florida 3389

Odette Lemus (MGRM)

14833 SW 168 Street
Miami, Florida 33187

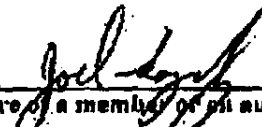
Joel Gonzalez (MGRM)

9384 Sterling Drive
Miami, Florida 33167

(Use attachment if necessary)

ARTICLE V: Effective date, (if other than the date of filing: 09/16/05 (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.)

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.)

Joel Gonzalez
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)