

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

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Account Name : FOWLER WHITE BURNETT P.A.

Account Number: 071250001512 Phone : (305)789-9200 Fax Number : (305)789-9201

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## 42 TUSCANY WAREHOUSE, LLC

Estimated Ch

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

10/22/2007

Audit No. H07000260875 3

#### ARTICLES OF ORGANIZATION

**OF** 

#### 42 TUSCANY WAREHOUSE, LLC-

#### **ARTICLE I**

The name of the limited liability company formed hereby is 42 TUSCANY WAREHOUSE, LLC (the "Limited Liability Company").

#### **ARTICLE II**

The duration of the Limited Liability Company shall be perpetual.

#### **ARTICLE III**

The principal office and mailing address of the Limited Liability Company shall be as follows:

14671 S.W. 136 Place Miami, Florida 33186

#### **ARTICLE IV**

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Fabian A. Pal, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

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#### **ARTICLE V**

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is:

Marisol Fernandez 14671 S.W. 136 Place Miami, Florida 33186

Fabian A. Pal

as Authorized/Representative of the Members

STATE OF FLORIDA	<b>)</b>
COUNTY OF MIAMI-DADE	) )
Before me personally appear who is personally known to me	ared Fabian A. Pal, as Authorized Representative of the Members, e, or up who producedson who executed the foregoing Articles of Organization.
as identification, to be the pers	son who executed the foregoing Articles of Organization.
In witness whereof I have the last of the	hereunto set my hand and official seal this 22 day of

NOTARY PUBLIC-STATE OF FLORIDA
Judith D. Rodman
Commission # DD469468
Expires: OCT. 18, 2009
Bonded Thru Atlantic Bonding Co., Inc.

Notary/Public Print Name:\_\_\_\_

My Commission expires:

10/10/2009

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# CERTIFICATE OF DESIGNATION OF RESIDENT AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is 42 TUSCANY WAREHOUSE, LLC.
- 2. The name and address of the Registered Agent and Office is:

Fabian A. Pal, Esq. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.

11110	
Fabian A/Pal, Registered Agent	
Date: 10/22/07	
Date: (0( + 2 / 0 /	

42 TUSCANY WAREHOUSE, LLC

By:\_

Fabian A. Pal,

as Authorized Representative

of the Members

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DIVISION OF CORPORATION