

### Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000048180 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850) 617-6383

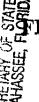
From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694 Phone

Fax Number : (305)633-9696



## ORIDA/FOREIGN LIMITED LIABILITY CO.

### Y.M.C.A INVESTMENTS & DEVELOPMENT, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

M. Thomas FEB 2 6 2008

2/25/2008 12:11 P

PAGE 01/03

EMPIRE CORP KIT

9696889908

90:51 8002/92/20

l of !

# 11080000048180

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

### Y.M.C.A INVESTMENTS & DEVELOPMENT, LLC

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

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

12218 SW 132 Court	Same
Mlami, Florida 22188	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Re- business entity with an active Florida registration.)	red Office, & Registered Agent's Signature;
The name and the Florida street address of th	s registered agent are:
Alan K. Marcus, Es	sq
Nar	ne
2600 Douglas Roa	d, Suite 1111
	address (P.O. Box <u>NOT</u> acceptable)
Coral Gables	<sub>FL</sub> 33134
City, Stat	e, 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) Page 1 of 2

H080000 48180

# H080000048180

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Membe	Name and Address:	
MGRM	GCG Management LLC	
	8701 SW 110 Street	
	Miami, FL 33176	
MGRM	Fitecurce Management & Consulting , TNC .	
	15210 Children State Children	
	Miami, FL 93194	
	Miami, FL 33194  Miami, FL 33194  ALLAHASS	
		٦.
		Ė
•		П
•	mo 3	-
	STATE STATE	
	<b>Q</b> M	
## ## ## ## ## ## ## ## ## ## ## ## ##		
(Use attachment if necessary)		
STATE TO THE THEORY AND A SAME TO AND	nen the date of filing: (OPTIONAL)	
ITCLE V: Effective date, if other tr	nan the date of filing: (OPTIONAL)  nust be specific and cannot be more than five business days prior	
n enserve date is used, the date it : 90 days after the date of filing.)	must be specific and cannot be more man 1146 promess days butter	
So days after the date of ming.)		
REQUIRED SIGNATURE	$\gamma_0$	
1	U(IDM)	
į	WW US W	
Signature	namber 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

Filing Pees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

rage 2 of 2

H0800004818C