

L13000076052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

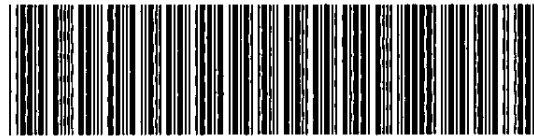
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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 MAY 23 PM 4:47  
TALLAHASSEE  
FLORIDA  
SUFFICIENCY OF FILING

FILED  
13 MAY 23 PM 2:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-23**

**CONTACT:**        **RICKY SOTO**

**DATE:**            **05/23/2013**

**REF. #:**           **8778284**

**CORP. NAME:**   **CHELY CORAL GABLES, LLC**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK# 70002925 FOR \$ 160.00**

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- CERTIFIED COPY     CERTIFICATE OF GOOD STANDING     PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

Examiner's Initials

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**ARTICLES OF ORGANIZATION**

**OF**

**CHELY CORAL GABLES, LLC**

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The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "*Company*") under the Florida Limited Liability Company Act (the "*Act*"), as follows:

**NAME**

The name of the Company is: CHELY CORAL GABLES, LLC.

**MAILING ADDRESS AND STREET ADDRESS**

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

Juan Ignacio Rodriguez  
14719 Barryknoll Lane, Apartment 57  
Houston, TX 77079-2810

**NAME AND ADDRESS OF MANAGER**

The name and address of the sole Manager of the Company is:

Juan Ignacio Rodriguez  
14719 Barryknoll Lane, Apartment 57  
Houston, TX 77079-2810

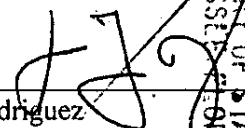
**EXISTENCE**

The Company's existence will commence upon filing.

**INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the initial registered agent and office of the Company are: NRAI Services, Inc., 1200 South Pine Island Road, Plantation, FL 33324.

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Juan Ignacio Rodriguez  
Manager

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 MAY 23 PM 2:11

FILED

ACCEPTANCE BY REGISTERED AGENT

I accept the appointment as Registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.



Michele Holden, Assistant  
Secretary

**NRAI Services, Inc.**  
1200 South Pine Island Road  
Plantation, FL 33324

Dated: May 23, 2013