Division of Corporations Electronic Filing Cover Sheet

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(((H14000117422 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : MICHAEL J. FREEMAN, P.A.

Account Number: 072720000142

Phone

: (305)442-1567

Fax Number

: (305)442-1227

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:_



FLORIDA LIMITED LIABILITY CO. CASTANEDA DEVELOPMENT LLC

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$160.00

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5/16/2014

May 19 2014 O4:10PM Michael J Freeman, P.A. (305)442-1227

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CASTANEDA DEVELOPMENT LLC

ARTICLE II - Address:

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

Principal Office Address:

2601 South Bayshore Drive

Suite 1200

Coconut Grove, FL 33133

Mailing Address:

2601 South Bayshore Drive

Suite 1200

Coconut Grove, FL 33133

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

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

M.J. F. Registered Agent Corp. Name

153 Sevilla Avenue Florida Street Address (No P.O. Box)

> Coral Gables, Fl 33134 City, State, and Zipcode

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 605, F.S.,

> Registered Agent's Signature (Michael J. Freeman, President)

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ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

AMBR

Joseph Horn, trustee of the Joseph Horn Revocable Trust Agreement

dated June 11, 2008 2601 South Bayshore Drive

Suite 1200

Coconut Grove, FL 33133

MGR

Joseph Horn

2601 South Bayshore Drive

Suite 1200

Coconut Grove, FL 33133

REQUIRED_SIGNATURE:

Signature of d'inember or an authorized representative of a member (In accordance with-séction 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stafed 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.)

Joseph Horn, trustee of the Joseph Horn Revocable
Trust Agreement dated June 11, 2008

Type or print name of signee

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