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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : RODOLFO J. SUAREZ, INC.  
Account Number : I19990000270  
Phone : (305) 718-4400  
Fax Number : (305) 718-4408

Effective Date -  
5-15-03

**LIMITED LIABILITY COMPANY**

**SOUTH MIAMI INVESTORS, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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DIVISION OF CORPORATION

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5-7-03

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:  
SOUTH MIAMI INVESTORS, L.L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
4815 NW 79th Avenue - Miami, Florida 33172

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

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

Pablo Martinez

Name

4815 NW 79th Avenue

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

Miami,

FL 33166

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

**ARTICLE IV -** The Limited Liability Company is to be managed by one manager or more and is, therefore, a manager-managed company.

**ARTICLE V -** The effective date of the Limited Liability Company should be May 15, 2003.

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.)

Pablo Martinez

Typed or printed name of signer

03MAY-7 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

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