

L0100000 8752

Requester's Name

Address

DADE COUNTY
REAL PROPERTY MGMT. CORP.
1602 Alton Rd., Suite 379
MIAMI BEACH, FL 33139

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1. _____ 100004134451--5
 (Corporation Name) (Document #) -05/03/01--01118--010
 ****125.00 ****125.00
- 2. _____
 (Corporation Name) (Document #)
- 3. _____
 (Corporation Name) (Document #)
- 4. _____
 (Corporation Name) (Document #)

- Walk in Pick up time Certified Copy
- Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
 2001 JUN - 1 PM 12:44
 FILED

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

May 9, 2001

DADE COUNTY REAL PROPERTY MGMT CORP
1602 ALTON RD
SUITE 379
MIAMI BEACH, FL 33139

SUBJECT: MIAMI DADE RENTAL OFFICE SYSTEMS L.L.C.
Ref. Number: W01000010543

We have received your document for MIAMI DADE RENTAL OFFICE SYSTEMS L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 501A00027974

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Miami Dade Rental Office Systems L.L.C.

ARTICLE II - Address:

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

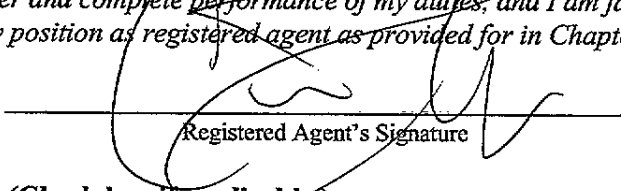
1602 Alton Rd Ste 379
Miami Beach FL 33139

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

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

CORD ISZLER
Name
1602 Alton Rd Ste 379
Florida street address (P.O. Box **NOT** acceptable)
Miami Beach FL 33139
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 - Management (Check box if applicable.)

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

Cord Wm. Iszler
1602 Alton Rd # 379
Miami Beach FL 33139
ROLAN DEL CALLEJO
1602 Alton Rd # 379
Miami Beach, FL 33139
(An additional article must be added if an effective date is requested)

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.)

Cord Wm Iszler
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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