

LOI000009851

Number Only

Luisa 6/19/01

Requestor's Name
Roberto E. Leiva, CPA
7400 SW 50 Terrace #302

Address
Miami, FL 33155
City State ZIP Phone

305-663-1511

VALIDATION ONLY

01 JUN 20 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CORPORATION(S) NAME

ATLAS PROPERTIES, LLC.

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 JUN 20 AM 9:46
NOTIFIED TO ACKNOWLEDGE
SUFFICIENCY OF FILING

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | <input type="checkbox"/> After 4:30 |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input type="checkbox"/> Pick Up |
| | | <input type="checkbox"/> Mail Out |



Empire Fee Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

800004432268--5

-06/20/01--01019--008

***155.00 ***155.00

LOI-9851
OK

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

Date: June 15, 2001

ARTICLE I – NAME:

The name of the Limited Liability Company is:

ATLAS PROPERTIES, LLC.

FILED
01 JUN 20 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II – ADDRESS:

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

5600 COLLINS AVE., # 10 C
MIAMI BEACH, FL 33140

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE, &
REGISTERED AGENT'S SIGNATURE:

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

ANDRES F. CORTAZAR
Name

5600 COLLINS AVE., # 10 C
Florida Street Address

MIAMI BEACH, FL 33140
City, State, and Zip

-continued-

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.

Andrés F. Cortazar
Registered Agent's Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 AM 10:30

FILED

ARTICLE IV – MANAGEMENT

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

ARTICLE V – EFFECTIVE DATE

The effective date of the Limited Liability Company shall be: 06/15/01

Andrés F. Cortazar
Signature of 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

Andrés F. Cortazar
ANDRES F. CORTAZAR
Member/Manager of LLC