

L02000004554

Validation Number Only

2/25/02

Ortiz, Gtlin & Zomerfeld

Requestor's Name

999 Ponce de Leon Blvd #1045

Address

Coral Gables, FL 33134

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

300005020963--1

-02/25/02--01041--011

\*\*\*\*155.00 \*\*\*\*155.00

Alonso & Mele Architects, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

02 FEB 26 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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20-02-2  
2-26-02

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ALONSO & MELE ARCHITECTS, LLC

## ARTICLE II - Address:

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

8900 S.W. 117TH AVENUE, SUITE C205  
MIAMI, FL 33186

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

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

ORLANDO ALONSO, SR.

Name

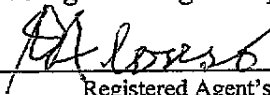
8900 S.W. 117TH AVENUE, SUITE C205

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

MIAMI FL 33186

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.*

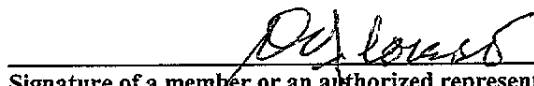


Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

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

(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.)

ORLANDO ALONSO, SR.

Typed or printed name of signer

02 FEB 26 AM 10:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED