



# L020000013388

ACCOUNT NO. : 072100000032

REFERENCE : 604157 82293A

AUTHORIZATION :

COST LIMIT : \$ PPD

FILED  
02 MAY 31 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : May 31, 2002

ORDER TIME : 11:14 AM

ORDER NO. : 604157-005

CUSTOMER NO: 82293A

CUSTOMER: Ms. Marlene Prego  
Martinez-esteve & Lopez-castro

Suite 304  
901 Ponce De Leon Boulevard  
Coral Gables, FL 33134

400005662504--5  
-05/31/02--01003--027  
\*\*\*\*160.00 \*\*\*\*162.50

400005662504--5  
-05/31/02--01003--027  
\*\*\*\*160.00 \*\*\*\*160.00

DOMESTIC FILING

NAME: 235 CRANWOOD, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS:

RECEIVED  
02 MAY 31 AM 11:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

The name of the Limited Liability Company is:

235 CRANWOOD, LLC, a Florida limited liability company

**ARTICLE II - Address:**

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

901 PONCE DE LEON BLVD., #304, CORAL GABLES, FL 33134

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

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

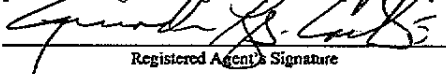
AMADEO LOPEZ-CASTRO III, ESQ.

Name

901 PONCE DE LEON BLVD., #304Florida street address (P.O. Box **NOT** acceptable)CORAL GABLES, FL FL 33134

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.)**

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

(An additional article must be added if an effective date is requested)

(Member managed)

X

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.)

MARIO A. FERNANDEZ

Typed or printed name of signer

**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)

FILED  
 02 MAY 31 PM 3:08  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA