

# L03000012745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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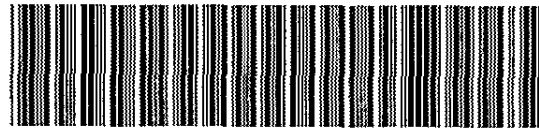
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**JAMES A. MOLANS**  
ATTORNEY AT LAW  
5901 S.W. 74TH STREET, SUITE 400  
SOUTH MIAMI, FLORIDA 33143  
  
(305) 666-0345  
FAX (305) 284-9387  
VOICE MAIL (305) 957-9600

April 3, 2003

Florida Department of State  
Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

RE: **SAN GABRIEL SHOPPING CENTER, LLC**

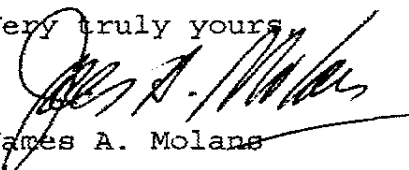
Dear Secretary of State:

Enclosed please find the Articles of Organization for the above referenced company to be formed. Also enclosed is my check in the amount of \$160.00.

Please form **SAN GABRIEL SHOPPING CENTER, LLC**, as Florida Limited Liability Company. After its formation, please return a Certified Copy of the Articles of Organization and the Certificate of Status to me at the above referenced address.

If you have any questions or comments, please contact my office at the above referenced address and telephone number. Your continued cooperation with my office is appreciated.

Very truly yours

  
James A. Molans

JAM: alm

Enclosure

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FLORIDA  
SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

SAN GABRIEL SHOPPING CENTER, LLC

### ARTICLE II - Address:

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

5901 S.W. 74th Street #400, South Miami, FL 33143

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

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

JAMES A. MOLANS  
Name

5901 S.W. 74th Street #400  
Florida street address (P.O. Box **NOT** acceptable)

South Miami, FL 33143  
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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.

(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.)

MARISOL RODRIGUEZ  
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)