

L03000049598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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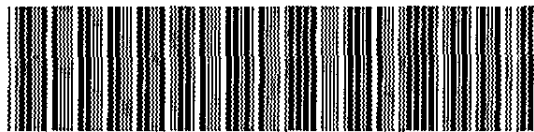
(Business Entity Name)

(Document Number)

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CORPORATION SERVICE COMPANY™

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 344585 7361995

AUTHORIZATION :

*Patricia Pignatelli*

COST LIMIT : \$ 125.00

ORDER DATE : December 3, 2003

ORDER TIME : 1:27 PM

ORDER NO. : 344585-015

CUSTOMER NO: 7361995

CUSTOMER: Angel M. Garcia-oliver, Esq.  
Angel M. Garcia-oliver,  
Attorney At Law  
Suite 302  
269 Giralda Avenue  
Coral Gables, FL 33134

DOMESTIC FILING

NAME: 4215 BROADWAY, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - EXT. 1149

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

03 DEC -3 PM 3:02  
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TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

4215 BROADWAY, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

269 Giralda Avenue, Suite 302

Coral Gables, Florida 33134

**Mailing Address:**

Same

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

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

Angel M. Garcia-Oliver, P.A.

Name

269 Giralda Avenue, Suite 302

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

Coral Gables FLORIDA 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, Florida Statutes..*

Angel M. Garcia-Oliver, P.A.

By: 

Registered Agent's Signature

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

SOUNDWOOD MANAGEMENT, LTD.


c/o Angel M. Garcia-Oliver, P.A.

269 Giralda Ave, #302, Coral Gables, FL 33134

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

By: Angel M. Garcia-Oliver, Esq.

\_\_\_\_\_  
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)