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CORPORATION SERVICE COMPANY™

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 0721000000032

REFERENCE : 344585 7361995

AUTHORIZATION :

COST LIMIT : \$ 125.00

Patricia Pizante

ORDER DATE : December 3, 2003

ORDER TIME : 1:28 PM

ORDER NO. : 344585-025

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: 18041 BISCAYNE, 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 5:04
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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

18041 BISCAYNE, 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 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)