L03000049599

(Requestor's Name)
(Address)
(Address)
·
(City/State/Zip/Phone #)
(11)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
(Doballion (Training))
Carliffed Carles Carliffed at Chatra
Certified Copies Certificates of Status
<u></u>
Special Instructions to Filing Officer:

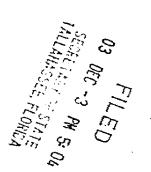




700025057367



M





SOR STATE OF THE PARTY OF THE P

ACCOUNT NO. : 072100000032

REFERENCE: 344585 7361995

AUTHORIZATION:

COST LIMIT : \$ 125.00

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. García-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



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:	Mailing Address:
269 Giralda Avenue, Suite 302	Same
Coral Gables, Florida 33134	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name			
269_Giralda_Avenue,	Suite 302		
Florida street address	s (P.O. Box NOT acceptable)		
Coral Gables	FLORIDA 33134		

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

Page 1 of 2 (CONTINUED)

Title: "MGR" = "MGRM"	Manager = Managing Member	Name and Address:	
MOR		SOUNDWOOD MANAGEMENT, LTD.	
	c/o Angel M. Garcia-Oliver, P.A.	• •	
		269 Giralda Ave, #302, Coral Gables, FL 331	3 4
	·		-
(Use attach	nment if necessary)		
NOTE: A	n additional article must i	e added if an effective date is requested.	
REQUIRI	ED SIGNATURE:		
		R	
		authorized representative of a member.	
	(in accordance with section 60 of this document constitutes at that the facts stated herein are	8.408(3), Florida Statutes, the execution affirmation under the penalties of perjury true.)	
	By:Angel M. Garcia-O	liver, Esq.	
	Typed or :	orinted name of signee	

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

\$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)