

L040000/5358

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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SECRETARY OF STATE
DIVISION OF CORPORATIONS**LIMITED LIABILITY COMPANY****PORT ST. LUCIE HOLDINGS, LLC**

Certificate of Status	0
Certified Copy	1
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DIVISION OF CORPORATIONS

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ARTICLES OF ORGANIZATION

FOR

PORT ST. LUCIE HOLDINGS, LLC

ARTICLE I. - NAME:

The name of this Limited Liability Company ("Company") shall be:

PORT ST. LUCIE HOLDINGS, LLC

ARTICLE II. - ADDRESS

The mailing address and street address of the Company is: 12951 SW 124 Street #2TB, Miami, Florida 33186.

ARTICLE III. - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

ARTICLE IV. - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

Armando Alonzo
12951 SW 124 Street #2TB
Miami, Florida 33186

ARTICLE V. - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be: new members may be admitted from time to time and upon such terms and conditions as shall be determined by a unanimous vote of the holders of all of the Membership Interests.

ARTICLE VI. - MEMBERS RIGHTS TO CONTINUE BUSINESS

The right of the members of the Company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continual membership of a member in the Company shall be: determined by a unanimous vote of the remaining holders of all of the Membership Interests to continue to conduct the business of the Company under the Company's name.


Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND
REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PORT ST. LUCIE HOLDINGS, LLC, a
Florida limited liability company
2. The name and the Florida street address of the registered agent are:

ARMANDO ALONSO

NAME

12951 SW 124 Street, #2TB
Miami, Florida 33186

Florida street address (P.O. BOX NOT ACCEPTABLE)

*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.*



SIGNATURE

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