Division of Corporations Division of Corporations Public Access System

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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

LIMITED LIABILITY COMPANY

7801 pinecrest, llc

Certificate of Status	O Tunk u tuka kesen misessikilisi in iselalisisen
Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing

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2/26/04 12:02 PM



WOULD HOOM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	7801 PINECREST,	LLC
ARTICLE II - Add The mailing address		cipal office of the Limited Liability Company
Principal Office A	ddress:	Malling Address:
5951 N.W. 15	31 St., Suite 103	5951 N.W. 151 St., Suite
Miami Lakes,	FL 33014	Miami Lakes, FL 33014
		•
The name and the F	lorida street address of the regi	ffice, & Registered Agent's Signature: stered agent are:
The name and the F	lorida street address of the regi Pedro M. Tor Name	stered agent are:
The name and the F	Pedro M. To: Name 5951 N.W. 351 S	stered agent are: Tres St., Suite 103
The name and the F	Pedro M. Ton	stered agent are: Tres St., Suite 103
The name and the F	Pedro M. To: Name 5951 N.W. 351 S	St., Suite 103 ox NOT scoepeable) FLORIDA 33014
The name and the F been named as registe my at the place designe act in this capacity. I	Pedro M. Tot Pedro M. Tot Name 5951 N.W. 151 S Florida street address (P.C. B Miami Lakes City, State, and to accept service ated in this certificate, I hereby of further agree to comply with the	St., Suite 103 ox NOT scoeptable) FLORIDA 33014

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LEB-SC-S004 IS: IB

H04000042009

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Pedro M. Torres 5951 N.W. 151 St., Suite 103 Miami Lakes. FL 33014
MGR	Herlina Torres 5951 N.W. 151 St., Suite 103 HA Miami Lakes, FL 33014
MGRM	JAY Investments, LLC 5951 N.W. 151 St., Suite 103500000000000000000000000000000000000
(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), Fiorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Pedro M. Torres
Typed or printed name of signee

Filing Fees;

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.90 Designation of Registered Agent
- \$ 30.00 Certified Cupy (Optional)
- 5 5.00 Certificate of Status (Optional)

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