XVXX23725 Division of Corporation

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Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)205-0383 Fax Number

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

: (305)634-3694 Phone

: (305)633-9696 Fax Number

LIMITED LIABILITY COMPANY

SHERWOOD RB-GEM, LLC

Certificate of Status	O CONTRACTOR OF THE PROPERTY O
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help



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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
Sherwood RB-GEM, LLC		
ARTICLE II - Address: The mailing address and street address of t	he principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
9141 S.W. 73rd Street	9141 S.W. 73rd Street	
Miami, Florida 33173	Miami, Florida 33173	
ARTICLE III - Registered Agent, Regist The name and the Florida street address of	the registered agent are:	
<u>Maria</u>	Fernandez-Valle	
	Name 255	

10570 N.W. 27th Street, Unit 103 Florida street address

Miami, Florida 33172
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.

Registered Agent's Signature

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	RB-GEM Management ILC 9141 S.W. 73 rd Street Miami, Florida 33173
	
(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 602.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Maria Fernandez-Valle
Typed of printed name of signe-

Filing Fees:

\$100.00 Filing fee for Article of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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