

LO4000026571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600031337946

03/31/04--01045--003 **125.00

APPROVED
AND
FILED
04 MAR 31 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OB
48-04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PORT ST. LUCIE DEVELOPERS, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERTO GONZALEZ
(Name of Person)

PORT ST. LUCIE DEVELOPERS, LLC
(Firm/Company)

525 NW 27th AVENUE, SUITE 204
(Address)

MIAMI, FL 33125
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERTO GONZALEZ at (305) 649-3675
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

04 MAR 31 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND FILED

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PORT ST. LUCIE DEVELOPERS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

525 NW 27 AVENUE
SUITE 204
MIAMI, FL 33125

Mailing Address:

525 NW 27 Avenue
SUITE 204
MIAMI, FL 33125

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

ROBERTO GONZALEZ
Name

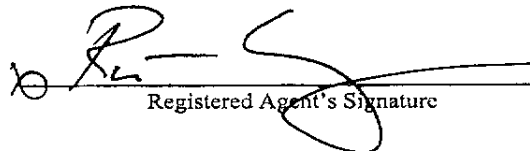
525 NW 27th AVENUE, SUITE 204
Florida street address (P.O. Box NOT acceptable)

MIAMI FLORIDA 33125
City, State, and Zip

04 MAR 31 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AND
FILED

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

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:

MGRM

ROBERTO GONZALEZ
525 N.W. 27th AVENUE, SUITE 204
MIAMI, FL 33125

Member

JESUS VASALLO
525 NW 27th AVENUE, SUITE 204
MIAMI, FL 33125

Member

JOHN SABINA
525 N.W. 27th AVENUE, SUITE 204
MIAMI, FL 33125

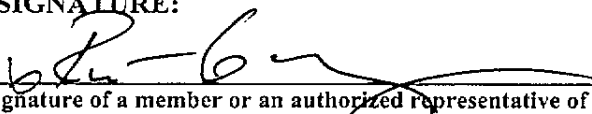
Member

GEORGINA MARTY CASANOVA
525 N.W. 27th AVENUE, SUITE 204
MIAMI, FL, 33125

(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.)

ROBERTO GONZALEZ
Typed or printed name of signer

04 MAR 31 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND
FILED

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)