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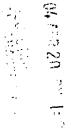
•		
	(Requestor's Name)	
(	Address)	
(	(Address)	
(	City/State/Zip/Phone #	}
PICK-UP	WAIT	MAIL
	Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
		!

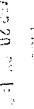
Office Use Only



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## TRANSMITTAL LETTER

SUBJECT: Access Property Network LLC	<del></del>
(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:	
Mary E. Zabala	_
(Name of Person)	
Access Property Network LLC	
(Firm/Company)	
1111 Brickell Avenue Ste 1100	
(Address)	
Miami, FI 33131	_
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
Mary E. Zabala at ( 305 ) 913-7187	
(Name of Person) (Area Code & Daytime Telephone Number)	<b>2</b> 89

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Access Pro	operty Network LLC		
ARTICLE II - Address: The mailing address and st	reet address of the	principal office of the Limited L	iability Compa
Principal Office Address:	<u>:</u>	Mailing Address:	
1111 Brickell Avenue Ste 11	100	1111 Brickell Avenue	Ste 1100
Miami, FI 33131		Miami, Fl 33131	
The name and the Florida		red Office, & Registered Agent e registered agent are:	's Signature:
		e registered agent are: Zabala	's Signature:
The name and the Florida	street address of th Mary E. Na 1111 Brickell A	e registered agent are:  Zabala ne  venue Ste 1100	's Signature:
The name and the Florida	street address of th Mary E. Na 1111 Brickell A	e registered agent are:  Zabala  ne	's Signature:
The name and the Florida	street address of th Mary E. Na 1111 Brickell A	e registered agent are:  Zabala ne  venue Ste 1100	's Signature:
The name and the Florida	Mary E.  Nat  1111 Brickell A  Florida street address (  Miami	Zabala ne  Evenue Ste 1100 P.O. Box NOT acceptable)	's Signature:
The name and the Florida s  The name and the Florida s  B  B  B  B  B  B  B  B  B  B  B  B  B	Mary E.  Nat  1111 Brickell A  Florida street address (  Miami  City, State  gent and to accept a  this certificate, I he  er agree to comply	Zabala  Nenue Ste 1100  P.O. Box NOT acceptable)  FLORIDA 33131  The, and Zip  Service of process for the above steereby accept the appointment as rivith the provisions of all statutes in	ated limited liab egistered agent relating to the p
The name and the Florida s  The name and the Florida s  B  B  B  B  B  B  B  B  B  B  B  B  B	Mary E.  Nat  1111 Brickell A  Florida street address (  Miami  City, State  gent and to accept a  this certificate, I he  er agree to comply  uties, and I am fami	Zabala  ne  Avenue Ste 1100  P.O. Box NOT acceptable)  FLORIDA 33131  e, and Zip  service of process for the above stereby accept the appointment as r	ated limited liab egistered agent relating to the p

Page 1 of 2 (CONTINUED)

## 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 "MGRM" = Managing Member	Name and Address:		
President	Mary E. Zabala		
	1111 Brickell Avenue Ste 1100		
	Miami, Fl 33131		
Vice-President	Beatriz Gallo		
	1111 Brickell Avenue Ste 1100		
	Miami, Fl 33131		
<del></del>		<del></del>	
(Use attachment if necessary)			
(+			
NOTE: An additional article must	be added if an effective date is requested.		
_	•		
REQUIRED SIGNATURE:	_		
Man	6 Gobala		
Signature of a member or	n authorized representative of a member.	200	2
(In accordance with section	608.408(3), Florida Statutes, the execution		3cs 40
of this document constitutes that the facts stated herein ar	an affirmation under the penalties of perjury	II.	***

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)

ARY E. (ABA).
Typed or printed name of signée