

HO 4000039837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

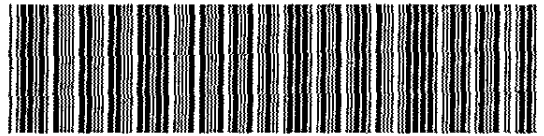
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

5/26  
cust



500036927825

05/20/04--01062--022 \*\*160.00

FILED  
04 MAY 20 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# U T S

May 19, 2004

Secretary of State  
Division of Corporation  
409 E. Gaines Street  
Tallahassee, FL 32399

Gentlemen:

Enclosed please find the Articles of Organization for Promise Land Developers, LLC., together with our check in the amount of \$160.00 to cover for your filing fees.

Should you have any questions or need further information concerning the above, please do not hesitate to call our office.

Sincerely,



Misleydi "Missy" Montecelo  
Manager

/mm

Encls.

**FILED**  
04 MAY 20 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I-NAME:**

**THE NAME OF THE LIMITED LIABILITY COMPANY IS:**

**PROMISE LAND DEVELOPERS, LLC**

**ARTICLE II-ADDRESS:**

**THE MAILING ADDRESS AND STREET ADDRESS OF THE PRINCIPAL  
OFFICE OF THE LIMITED LIABILITY COMPANY IS:**

**7600 WEST 20<sup>TH</sup> AVENUE #112  
HIALEAH, FL 33016**

**ARTICLE III-REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE:**

**THE NAME AND THE FLORIDA STREET ADDRESS OF THE REGISTERED  
AGENT IS:**

**JUAN F. GARCIA**  
NAME

**7600 W 20<sup>TH</sup> AVENUE #112**  
FLORIDA STREET ADDRESS

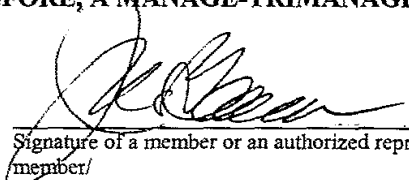
**HIALEAH, FLORIDA 33016**  
CITY, STATE

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 PROVIDED FOR IN CHAPTER 608, F.S.

  
Registered Agent's Signature

**ARTICLE IV-MANAGEMENT (Check box if applicable)**

**THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY ONE  
MANAGER AND IS THEREFORE, A MANAGE-TRIMANAGED  
COMPANY.**

  
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.)

**JUAN F. GARCIA**

Typed or printed name of signee

FILED  
04 MAY 20 AM 10:31  
SECRETARY OF  
TALLAHASSEE, FLORIDA