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(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

10:		on of Corporations	
SUBJI	ECT:	maxwest commercial Road Este	یمور درد
		(Name of Limited Liability Company)	
The en	aclosed Ar	Articles of Organization and fee(s) are submitted for filling.	
		Please return all correspondence concerning this matter to the following:	
		(Name of Person)	
	*	Brush & Sack S	
		(Firm Company)	
		1448 mariner way	
		(Address)	
		Hollywood FL 330	19
		(City/State and Zip Code)	
For fu	rther info	formation concerning this matter, please call:	
<u></u>	cho	(Name of Person) at (954) 455-657 (Area Code & Daytime Telephone Number)	7 Parks
		(Can out the supplies of the s	SECRETARY OF STATIONS OF MAY 17 PH 1: 09
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STREET ADDRESS: Registration Section			9 %
		resignation pection resignation pection	

Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

Registration Section Division of Corporations

Tallahassee, Florida 32399

409 E. Gaines Street

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
metwood Commercial Recentary	al Estate, LLC				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
126 Aragon Avenue					
Coral Gables, FL					
33134					
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:					
Name	Sock S 2 MAY				
Flaids are a diver (D.O. Per NOT are add)					
City, State, and Zip	NOT acceptable) FLORIDA 33019				

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

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: Title: "MGR" = Manager "MGRM" = Managing Member GR Lacrat & Pal 126 Atagor Au Cotal Gabbes F

(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.)

Typed or printed name of signee

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)