

L04000044039

http://efile.sunbiz.org/scripts/efilecovr.exe

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H04000123738 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

RECEIVED  
04 JUN 10 PM 4:14  
DIVISION OF CORPORATION

2004 JUN 10 A 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**LIMITED LIABILITY COMPANY**  
**SDV INVESTMENTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02 3
Estimated Charge	\$155.00

Name Availability	
Document Examiner	DOC
Updater	
Updater Verifier	
Acknowledgement	DOC
W. P. Verifier	DOC

**Electronic Filing Menu**

**Corporate Filing**

**Public Access Help**

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SDV INVESTMENTS, LLC

ARTICLE II - Address:

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

2500 SW 118<sup>th</sup> CT  
Miami, FL 33175

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

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

Sergio de Varona, CPA

Name

304 Palermo Ave

Florida Street Address

Coral Gables, FL 33134

City, State, and Zip

2004 JUN 10 A 10:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 in Chapter 608, F.S.

[Signature]  
Registered Agent's Signature

**ARTICLE IV - Management (Check if applicable)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager managed company.

(An additional article must be added if an effective date is requested)

\_\_\_\_\_  
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)

Sergio de Varona

\_\_\_\_\_  
Typed or printed name of signee

**MANAGING MEMBERS**

Javier de Varona

**ADDRESS**

2500 SW 118<sup>th</sup> CT  
Miami, FL 33175

**MEMBERS**

Sergio de Varona

2500 SW 118<sup>th</sup> CT  
Miami, FL 33175

Flora de Varona

2500 SW 118<sup>th</sup> CT  
Miami, FL 33175

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2004 JUN 10 A 10:34

FILED