104000047079

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 9, 2004

AUDREY FARQUHARSON 10925 SW 125 ST MIAMI, FL 33176

SUBJECT: ALLYA CORAL GARDENS ENTERPRISE

Ref. Number: W04000022276

We have received your document for ALLYA CORAL GARDENS ENTERPRISE and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the designation "L.L.C.," "LLC," "L.C.," or "LC," or the words "LIMITED LIABILITY COMPANY," or "LIMITED COMPANY." Please amend the name of your entity accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 404A00039224

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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Hya Coral GARDENS ENTERPRISE (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:		
Audrey Farouttar son (Name of Person)		
(Firm/Company)		
10925 SW 125 St.		
(Address) Minmi, FL. 33176 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Nicole Faverell at 305 251-6512		

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 DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
AllyA COEN GARDET	15 Enterprise, L.L.C.
ARTICLE II - Address:	
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
HOREY FAROLHARSON	10925-30
10925 SW 125 Street	SAME
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re AUDREY FA	
10925 SW 12 Florida street address (P.O.	. Box <u>NOT</u> acceptable)
Hirmi City, State, ar	FLORIDA 33176 PLORIDA 33176 PLORIDA 33176 PLORIDA 33176
Having been named as registered agent and to accept serv company at the place designated in this certificate, I hereb agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar registered agent as provided for in Ch	the provisions of all statutes relating to the proper of with and accept the obligations of my position as
Waryn Registered Agent's	Signature

Page 1 of 2 (CONTINUED)

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	AUDREY FAROUHARSON
	Miami, FL - 3306
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article must	t be added if an effective date is requested.
REQUIRED SIGNATURE:	n O
	an authorized representative of a member.

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)

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(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

HUDAEU FARQUHARSON
Typed or printed name of signee

that the facts stated herein are true.)