# 1000 H L L 5 ida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number

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From:

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

### LIMITED LIABILITY COMPANY

doral isle title, llc

Certificate of Status Certified Copy Page Count Estimated Charge \$155.00





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

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Doral Isle Title, LLC

#### ARTICLE II - Address:

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

10726 NW 58th Street Doral, Florida 33178

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

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

## Eduardo A. Exposito Name 10726 NW 58th Street, Doral, Florida 33178

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 affect to out in this capacity. I further agree to comply with the provisions of all statutes relightly the proper and complete performance of my duties; and I am familiar with and accept the oplication of my position as registered agent as provided for in Chapter 608 F.S.

#### ARTICLE IV - Management (Check box if applicable.)

X\_ The Limited Liability Company's to be managed by one manager or more managers and is, therefore, a manager of managers and.

extered Agent's Signature

Signaplication of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes and affirmation under the ponalties of perjuty that the facts stated herein are true.)

Typed or printed name of signee

104-55-5004 TJ:28