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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

savoy 324, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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DIVISION OF CORPORATION

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ARTICLES OF ORGANIZATION

FOR

SAVOY 324, LLC

ARTICLE I - NAME:

The name of this Limited Liability Company ("Company") shall be:

SAVOY 324, LLC

ARTICLE 1. - ADDRESS

The mailing address and street address of the principal office of the Company is:
2901 SW 8 Street, Suite 204, Miami, Florida 33135.

ARTICLE II - DURATION

The period of duration for the Company shall be perpetual unless dissolved according to law.

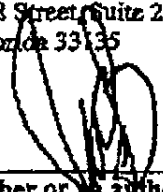
ARTICLE III - MANAGEMENT

The Company is to be managed by: a manager or managers and the name(s) and address of such manager is:

Arthur Falcone
3300 University Drive, #001
Coral Springs, Florida 33065

And

Jose R. Boschetti
2901 SW 8 Street, Suite 204
Miami, Florida 33135



Signature of a member or authorized representative of a member
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

6/30/2004 4:51

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

SAVOY 324, LLC

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

JOSE R. BOSCHETTI

NAME

2901 S.W. 8 Street, Suite 204

Florida street address (P.O. BOX NOT ACCEPTABLE)

Miami, Florida 33135

CITY, STATE AND ZIP

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.



SIGNATURE

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