Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From-

Account Name : A 1 A_CORPORATE SERVICES, INC.

Account Number : I20010000247 Phone : (877)527-3463

Fax Number : (305) 675-2811

RECEIVE 04 SEP 27 AM II:

LIMITED LIABILITY COMPANY

Orange Lofts, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Public Access Help

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

Orange Lofts, LLC

ARTICLE II ADDRESS

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

7051 SW 4th St

Mlami, FL 33144

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Maydel Breton

7051 SW 4th St

Miami, FL 33144

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STATE FROM THE

Having been named as registered agent 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, F.S..

MAYDEL BRETON /Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

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PAGE 2 Orange Lofts, LLC

ARTICLE V MANAGERS (optional)

Manager

Mäydel Breton

70\$1 SW 4th St

Mlami, FL 33144

Signature of a Rember 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.

MAYDEL BRETON
Typed or printed name of signee

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