

Oct 06 04 03:38p
Division of Corporations

ECFS

305-444-4977

Page 1 of 1

FILED

Florida Department of State
Division of Corporations
Public Access System

2004 OCT -6 A 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

((H04000199967 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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

RECEIVED
04 OCT -6 PM 4:07
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

LAM PROPERTIES, LLC

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

AL

Electronic Filing Menu

Corporate Filing

Public Access Help

Oct 06 04 03:38p

ECFS

305-444-4977

P.2

((H04000199967)))

FILED

2004 OCT -6 A 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LAM PROPERTIES, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9240 SW 72ND STREET

9240 SW 72ND STREET

SUITE 202

SUITE 202

MIAMI, FLORIDA 33173

MIAMI, FLORIDA 33173

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

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

GUILLERMO PEREZ, ESQ.

Name

9240 SW 72ND STREET, SUITE 202

Florida street address (P.O. Box NOT acceptable)

MIAMI, FLORIDA 33173

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 duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



Registered Agent's Signature

(((H04000199967)))

FILED

2004 OCT -6 A 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRMGUILLERMO PEREZ
9240 SW 72ND STREET
SUITE 202
MIAMI, FLORIDA 33173MGRMLILLIAN J. PEREZ
9240 SW 72ND STREET
SUITE 202
MIAMI, FLORIDA 33173

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

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.)GUILLERMO PEREZ

Typed or printed name of signer

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 Statutes (Optional)