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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

RECEIVED

04 OCT 18 PM 12:10

DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 18 AM 9:15

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LIMITED LIABILITY COMPANY

s.l. groves, llc

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

3

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I:

The name of the Limited Liability Company is:

S. L. GROVES, LLC.

ARTICLE II:

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

**2900 N.W. 7TH Street
Miami, Florida 33125**

ARTICLE III

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

**BRUCE M. CEASE
2900 N.W. 7th Street
Miami, Florida 33125**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been 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 as provided for in chapter 608, F.S.

Bruce M. Cease
REGISTERED AGENT'S SIGNATURE

Prepare By:
BRUCE M. CEASE, ESQ.
2900 N.W. 7th Street
Miami, Florida 33125

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ARTICLE IV:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

Bruce M. Cease

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.)

BRUCE M. CEASE

Type or printed name of signee

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I Hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared BRUCE M. CEASE known to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken. Said person provided the following type of identification: Driver's License.

Witness my hand and official seal in the County and State last aforesaid this 12 day of October, A.S., 2004.

Notary Rubber Stamp Seal:



Yolanda Triana
Commission # DD339308
Expires September 30, 2008
Bonded Title Plan - Insurance, Inc. 800-985-7018

Yolanda Triana
NOTARY SIGNATURE

YOLANDA TRIANA
Printed Notary Signature

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OCT 18 2004
AM 9:04
COUNTY OF MIAMI-DADE
FLORIDA
NOTARY PUBLIC
YOLANDA TRIANA

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