

OCT 20 2004 1:48PM

JL HOFMANN & ASSOCIATES

(305) 461-4403

P. 1

Division of Corporations

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Florida Department of State  
Division of Corporations  
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MJH

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : J L HOFMANN & ASSOCIATES, P.A.  
Account Number : I19990000022  
Phone : (305) 461-4400  
Fax Number : (305) 461-4403

STATE  
TALLAHASSEE FLORIDA

04 OCT 20 PM 3:15

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LIMITED LIABILITY COMPANY

Lohadas Development, LLC

RECEIVED  
04 OCT 20 PM 2:23  
DIVISION OF CORPORATION

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

Electronic Filing Menu

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(H040002097773)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Lohadas Development, LLC**ARTICLE II - Address:**

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

**Principal Office Address:**424 Caligula Avenue  
Coral Gables, FL 33146**Mailing Address:**424 Caligula Avenue  
Coral Gables, FL 33146**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

United States Registered Agents, Inc.

Name

329 Granello AvenueFlorida street address (P.O. Box **NOT** acceptable)Coral Gables, FL 33146

City, State, and Zip

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TALLAHASSEE FLORIDA

*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 as provided for in Chapter 608, F.S..*



Registered Agent's Signature

(CONTINUED)

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**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:**MGRMSilvana and Damlene Lewis424 Caligula AvenueCoral Gables, FL 33146MGRJOF 1107 Corp.424 Caligula AvenueCoral Gables, FL 33146MGRVima Corp.c/o 424 Caligula AvenueCoral Gables, FL 33146

(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.)

John L. Hofmann

Typed or printed name of signee

**Filing Fees:****\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent****\$ 30.00 Certified Copy (Optional)****\$ 5.00 Certificate of Status (Optional)**

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