

L040000080061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

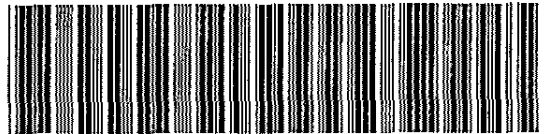
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DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 956176 121767A

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 155.00

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ORDER DATE : November 4, 2004

ORDER TIME : 10:35 AM

ORDER NO. : 956176-005

CUSTOMER NO: 121767A

CUSTOMER: Ms. Melonnie J. Jordan  
Karp & Genauer, P.a.

Suite 1202  
2 Alhambra Plaza  
Coral Gables, FL 33134

DOMESTIC FILING

NAME: MIS AMORES LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**FILED**  
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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MIS AMORES LLC**ARTICLE II - Address:**

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

**Principal Office Address:**2 Alhambra Plaza, Suite 1202Coral Gables FL 33134**Mailing Address:**c/o Karp & Genauer, P.A.2 Alhambra Plaza, Suite 1202Coral Gables FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Alhambra Registered Agents, Inc.

Name

2 Alhambra Plaza, Suite 1202Florida street address (P.O. Box **NOT** acceptable)Coral Gables FLORIDA 33134

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 as provided for in Chapter 608, Florida Statutes..*

Alhambra Registered Agents, Inc.By: Joel J. Karp Pres.

Joel J. Karp, President

**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:**

MGR

Matias Garfunkel

2 Alhambra Plaza, Suite 1202

Coral Gables FL 33134

(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.)

By: Stewart L. Kasner, Esq.

Typed or printed name of signee

**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 Status (Optional)