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(((H04000221924 3)))

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : CARLTON FIELDS Account Number: 076077000355 : (813)223-7000

Fax Number : (813)229-4133

## LIMITED LIABILITY COMPANY

### MATEU ORLANDO LLC

Certificate of Status	1
Certified Copy	0
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ST. PETERSBURG

CARLTON FIELDS

TALLAHASSEE TAMPA WEST PALM BEACH

ATTORNEYS AT LAW

One Progress Plaza 200 Central Avenue, Suite 2300 St. Petersburg, Florida 33701-4352 P.O. Box 2861 St. Petersburg, Florida 33731-2861

727.821.7000 727.822.3768 fax www.carltonfields.com

November 5, 2004

VIA U.S. MAIL

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: MATEU ORLANDO LLC

To Whom It May Concern:

Please find enclosed herewith an executed original of the Articles of Organization of Limited Liability Company for the above referenced entity. We also request that a Certificate of Status be provided to us. Our account number is listed on the enclosed Electronic Filing Cover Sheet.

Please return the Certificate of Status to the address listed below.

Should you have any questions or concerns, please contact the undersigned immediately.

Most Sincerely,

CARLTON FIELDS, P.A.

Ben J. Hayes

BJH:ddc \_ Enclosures

## TRANSMITTAL LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT: MATEU	ORLANDO LLC			
(Name of Limited Liability Company)				
The enclosed Articles of	f Organization and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Ben J. H	ayes			
	(	Name of Person)		
Carlton Fields, P.A.			15E	
	(	Firm/Company)	THE PERSON THE	
One Progre	ss Plaza, 200 Central Aven	ue, Suite 2300	1-8 M 8: 42 MASSEE FLORIDA	
	-	(Address)	1001 60	
			TE ANDA	
St. Pe	etersburg, FL 33701			
	(City)	State and Zip Code)		
For further information of	concerning this matter, please	call:		
Ben J. Hayes		at ( 727 ) 821-7000		
(Name	of Person)	(Area Code & Daytime Te	elephone Number)	
Enclosed is a check fo	r the following amount:			
□ \$125.00 Filing Fee	<b>⊘</b> \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
STRE	ET ADDRESS:	MAILING A	DDRESS:	
	ration Section	Registration S		
	on of Corporations	Division of Co		
	Gaines Street assee, Florida 32399	P.O. Box 6327 Tallahassee, F		
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# ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name

The name of the Limited Liability Company is:

MATEU ORLANDO LLC

ARTICLE II - Address

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

4135 Laguna Street Coral Gables, FL 33146

### ARTICLE III - Registered Agent and Registered Office

The name, street address, telephone and facsimile transmission numbers, and mailing address of the initial registered agent are as follows:

> CFRA, LLC Registered Agent Services Corporate Center Three at International Plaza 4221 W. Boy Scout Blvd Tampa, FL 33607-5736

Tel: (813) 223-7000 Fax: (813) 229-4133

Mailing Address: P. O. Box 3239 Tampa, Florida 33601-3239

### **ARTICLE IV - Managing Member**

The name and address of the Managing Member is as follows:

Title	Name and Address:	
MGRM	Roney J. Mateu	
	4135 Laguna Street	
	Coral Gables, FL 33146	

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**IN WITNESS WHEREOF**, the undersigned certifies that he has signed these Articles of Organization as an authorized representative of the member and acknowledged them to be my act as of this 5<sup>75</sup>day of November.

Ben J. Hayes, Authorized Representative

(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.)

#### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

The undersigned, having been named as registered agent to accept service of process for the above—stated limited liability company at the location designated in Article III of the foregoing Articles of Organization, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and acknowledges that it is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, Florida Statutes.

CFRA, LLC

Ben I Haves

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