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SEBASTIAN ACOSTA 770 Claughton Is D. # 2015 Mani, FC 3313) (City/State/Zip/Phone #)	A C B C C C C C C C C C C C C C C C C C
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(Business Entity Name)	-
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TALLAHASSEE, FLORIDA

OF STATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Clarity Ventures Aventura 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:
1110 Brickell Au Suite 310 770 Claughton Island D. Suite 7015 Stiami, FC 33131
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
SEBASTIAN YANG ACOSTA ZEE Z
Name Name Name Name Name Name No. Clauditon Island D. # 70/\$5 50 50 50 50 50 50 50
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, F.S
Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing M	Name and Address:
M6 RM	SEBASTIAN YALK ACCOTA 770 CLAUG HION ISLAND DR. 100 ZOIS, MAHI, EL 33131
MERM	ALEX PERFIRE 770 CLAUGHTONIS OR 100 7015 HIAMI FL 3313
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(Use attachment if necess NOTE: An additional a	urticle must be added if an effective date is requested.
Signatu	re of a member or an authorized representative of a member.
of this d	dance with section 608.408(3), Florida Statutes, the execution occument constitutes an affirmation under the penalties of perjury e facts stated herein are true.)
	Typed or printed name of signee ASA Typed or printed name of signee
Filing Fees: \$125.00 Filing Fee for A	ticles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)