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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 : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800)342-9856  
Fax Number : (800)354-3381

## LIMITED LIABILITY COMPANY

MIRASOL 7 LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 0        |
| Page Count            | 02       |
| Estimated Charge      | \$125.00 |

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

December 14, 2004

GERALD WEINBERG, P.C.

SUBJECT: MIRASOL 7 LLC  
REF: W04000045519FILED  
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

In Article IV, the titles listed should be either "MGR" or "MGRM," but you have listed two people with "-" as their title.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivera  
Document SpecialistFAX Aud. #: H04000245160  
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DIVISION OF CORPORATIONS

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MIRASO 7 LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

400 North Flagler Dr  
Suite - A313  
West Palm Beach, FL 33401

**Mailing Address:**

400 North Flagler Drive  
Suite A313  
West Palm Beach, FL 33401

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Jeffrey Wasserman  
Name

400 North Flagler Dr. Suite A313  
Florida street address (P.O. Box NOT acceptable)  
West Palm Beach 33401  
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

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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:**

MGRM

Sheila Skelnick

45 Bell Circle

Port Jefferson, N.Y. 11777

MGRM

Elaine and Jeffrey Wasserman

400 North Flagler Drive Suite A312

West Palm Beach, FL 33401

(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.)

Jeffrey Wasserman

Typed or printed name of signer

**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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