



Florida Department of State
Division of Corporations
Public Access System



Electronic Filing & Case Sheet

12/1/11

Note: Please print this page and use it as a cover sheet. Type
the file name and function (shown below) on the top and bottom of all
pages of the document.

((((EFC000024661173)))

0000

Note: Do not click the RELEASE/RECALL button on your
browser after this page. Doing so will generate another cover
sheet.

RECEIVED
DEC 1 11 10 58 AM '11

The
Division of Corporations
File Number: (390 2095-0880)

FILED
DEC 1 11 10 58 AM '11

Media
Account Name: ENFERE CORPORATION (LLC) COMPANY
Account Number: 00726000325
Phone: (305) 584-8884
Fax Number: (305) 584-8850

STATEMENT OF THE FILING FEE

This page may have been submitted to the

Certificate Fee	0
Certificate Copy	0
Fee of Court	00
Estimated Charge	000000



NOT CONTINUED

ARTICLE 10 - ORGANIZATION
OF THE COMPANY
ARTICLE 11 - LIMITED LIABILITY COMPANY
ARTICLE 12 - REGISTERED AGENT

ARTICLE 10 - Name

The name of this Limited Liability Company shall be: [Name of the Company] LLC

ARTICLE 11 - Address

The principal address of this company shall be: [Address of the Company]
[Company] 1900 Ocean Drive, #300, Miami Beach, Florida 33139

ARTICLE 12 - Registered Agent, Registered Office, and Registered Agent Signature

The name and address of the registered agent shall be:

[Registered Agent Name]

[Registered Agent Address]

[Registered Agent Phone Number]

FILED
NOTICE OF FILING
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
MIAMI BEACH
2004 OCT 14 PM 4:49

I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the articles of organization of the company as filed with the Secretary of State of the State of Florida on this [Date] day of [Month], 2004. My commission expires on [Date].

[Signature of Registered Agent]

[Registered Agent Name]

Page 1 of 2
(CONTINUED)

NOT CONTINUED

17-04-2000 14:41:17

MAYORALTY - Managerial and Management Services

This form and its address is for the Managerial and Management Services of the following:

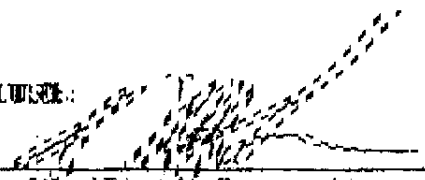
Mayor of (State), AGRICULTURE

190 I (General) 190 I
Municipal Government, P.F. 331 190

This information is for (State)

190 I (General) 190 I
Municipal Government, P.F. 331 190

RECOMMENDED SIGNATURE:



Mayor of (State), Managerial Services

(If necessary, verify the section 508 (a) (3) of the Internal Revenue Code. It is a condition of this document that the signature is a true and correct signature of the person whose name is printed on this document.)

Page 2 of 2

17-04-2000 14:41:17