

Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)205-0383

Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633-9696

LIMITED LIABILITY COMPANY

grove palms II, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

GROVE PALMS II, LLC		•
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability C	Company is:
Principal Office Address:	Mailing Address:	
1401 Brickell Avenue, Suite #1010	1401 Brickell Avenue, Suite #1010	
Mlami, Florida 33131	Miami, Florida 33131	
The name and the Florida street address of the INAKI SAIZARBITORIA, ES Nav 1492 S. Miami Avenue, Sulf Florida street Miami, Florida 33130	rg., P.A.	2005 JAN
	re, and Zip	27
registered agent and agree to act in this capa statutes relating to the proper and complete	In this certificate, I hereby accept the appoint the provincity. I further agree to comply with the provincity. I further agree to comply with the province of my duties, and I am foundidates; and I am foundidates; and I am foundidates; and I am foundidates.	niment as] visions of all or wall and

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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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	JAVIER CERVERA
	1492 S. Miami Avenue
	Miami, Florida 33130
MGRM	HERNANDO PORERO
	1401 Brickell Avenue, Suite #1010
	Miami, Florida 33131
MGRM	BEATRIZ FORERO
	1401 Brickell Avenue, Suite #1010
	Miami, Florida 33131
	•
(The attachment if nacessary)	

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a melinber 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.)

> JAVIER CERVERA Typed or printed name of signee

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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