

L05000014065

No. 69 P. 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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

((H05000035455 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

RECEIVED

05 FEB 10 AM 7:33

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

MIAMI 1425 LLC

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$125.00

2005 FEB 10 A 8:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Name Availability	
Document Examiner	DOC
Uploader	DOC
Updater	DOC
Verifier	DOC
Acknowledgment	DOC
W. P. Verifier	

Electronic Filing Menu

Corporate Filing

Public Access Help

(H05000035455 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MIAMI 1425 LLC

ARTICLE II - Address:

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

Principal Office Address:

136 DOGWOOD ROAD
ROSLYN, NY 11576

Mailing Address:

c/o RODOLFO FUERTES
136 DOGWOOD ROAD
ROSLYN, NY 11576

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

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

JENNIFER SILVERMAN

Name


10725 GRIFFING BOULEVARD

Florida street address (P.O. Box **NOT** acceptable)

BISCAYNE PARK FL 33161

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, FS.



Registered Agent's Signature

(CONTINUED)

(H05000035455 3)

FILED
2005 FEB 10
TALLAHASSEE
SECRETARY OF STATE

(H05000035455 3)

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

RODOLFO FUERTES

136 DOGWOOD ROAD

ROSLYN, NY 11576

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Lawrence A. Kirsch

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.)

LAWRENCE A. KIRSCH

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 FEB 10 A 8:28

FILED

(H05000035455 3)