

LOS 000014915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

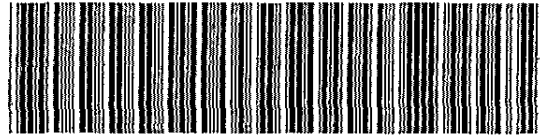
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

2/14
just



500046277955

02/10/05--01029--029 **160.00

FILED

2005 FEB 10 AM 11:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Harbor Group, L.L.C

The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Manuel M. Fernandez
Southern Harbor Group, L.L.C
814 Ponce De Leon Blvd.
Suite # 419
Coral Gables, Fl 33134

For further information concerning this matter, please call:

Manuel M. Fernandez, (305) 443-8925

Enclosed is a check for the following amount:

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy

(Additional copy is enclosed)

2005 FEB 10 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

STREET ADDRESS: MAILING ADDRESS:
Registration Section Registration Section
Division of Corporations Division of Corporations
409 E. Gaines Street P.O. Box 6327
Tallahassee, Florida 32399 Tallahassee, Florida 32314

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Harbor Group, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Manuel M. Fernández
(Name of Person)

Southern Harbor Group, LLC
(Firm/Company)

814 Ponce De Leon Blvd Suite 419.
(Address)

Coral Gables, FL 33134.
(City/State and Zip Code)

For further information concerning this matter, please call:

Manuel Fernández at (786) 319-0818
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2005 FEB 10 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **Southern Harbor Group, L.L.C**

ARTICLE II - Address:

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

Principal Office Address: Mailing Address:

814 Ponce De Leon Blvd,

Suite # 419

Coral Gables, FL 33134

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

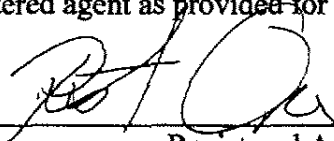
The name and the Florida street address of the registered agent are:

Robert L. Orza

3390 S.W 72 Court

Miami, FL 33155

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

FILED
2005 FEB 10 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager

"MGRM" = Managing Member

Title:

Name and Address:

MGR

Manuel M. Fernandez

4660 S.W 15 Street

Miami, FL 33134

MGR

Robert L. Orza

3390 S.W 72 Court

Miami, FL 33155

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.)

Manuel M. Fernandez

Typed or printed name of signee

2005 FEB 10 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED