# L05000023735

(Requestor's Name)	
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### Requestor's Name 1000 PONCE DE LEON BLVD. SUITE:101 Address CORAL GABLES, FL 33134 (305) 444-4994 City/State/Zip Phone # OFFICE USE ONLY CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) ☐ Walk in Pick up time Certified Copy Photocopy Mail out Will wait Certificate of Status AMENDMENTS \*\*\* NEW FILINGS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/ QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark

Other

Examiner's Initials

EXPRESS CORPORATE FILING SERVICE INC.

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	. 9. 1
The name of the Limited Liability Company is:	SHA SEE
FUTURA PROPERTY AND MANAGEMENT LLC	
ADDRESS DE LA	E. O. A.
ARTICLE II - Address: The mailing address and street address of the pri	noinal office of the Limited Liability Correctly is:
The maning address and siteet address of the pri	incipal office of the Eminted Liability Company is
Principal Office Address:	Mailing Address:
7260 SW 13 STREET	7260 SW 13 STREET
MIAMI, FL 33144	MIAMI, FL 33144
ARTICLE III - Registered Agent, Registered  The name and the Florida street address of the re-	
ESTRELLA CR	ESPO
Name	
7260 SW 13 ST	TREET
Florida street add	ress (P.O. Box <u>NOT</u> acceptable)
MIAMI	FL 33144
City, State, a	nd Zip
liability company at the place designated in th	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all

liability company at the place designated in this certificate, I hereby accept the appointment as egistered 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

(CONTINUED)

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

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

MGRM	ESTRELLA CRESPO
	7260 SW 13 STREET
	MIAMI, FL 33144
	.x
<del></del>	
-	
Time attachment if managemy	
Use attachment if necessary)	

**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.)

ESTRELLA CRESPO

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)