

**L05000025383**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0363

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**R.E.D.S AT LAKEWOOD PARK, L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I:**

The name of the Limited Liability Company is:

**R.E.D.S AT LAKEWOOD PARK, L. L.C.**

**ARTICLE II-ADDRESS:**

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

**4960 SW 72<sup>ND</sup> AVENUE  
SUITE 400  
MIAMI, FL 33155**

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

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

**REYNALDO DIAZ**

Name

**4960 SW 72 AVENUE, SUITE 400**

Florida street address (P.O. Box not acceptable)

**MIAMI, FL 33155**

City, State, and Zip

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TALLAHASSEE, FLORIDA

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.

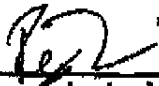


Registered Agent's Signature

**ARTICLE IV-Management (Check box if applicable)**

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(An additional article must be added if an effective date is requested)



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.).

REYNALDO DIAZ

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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