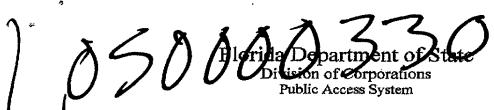
Division of Corporations

ECFS

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Page I of 1



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.

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

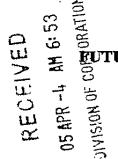
: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I2000000146 Phone

: (305) 444-4994

Fax Number

: (305)444-4977



LIMITED LIABILITY CUIVILLE FUTURA INVESTMENT & ESCROW ADMINISTRATION LA Certificate of Status Certificate of Status Certified Copy Page Count Estimated Charge \$155.00

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PURIS ACCORDITATE

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	y is:	
FUTURA INVESTMENT & ESCROW ADMINIS	TRATION LLC	
ARTICLE II - Address: The mailing address and street address of th	e principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
7260 SW 13 STREET MIAMI, FL 33144	7260 SW 13 STREET MIAMI, FL 33144	
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agen	t's Signature:
The name and the Florida street address of the	he registered agent are:	
	LA CRESPO	
Ni	ame	
	V 13 STREET	
Florida stree	t address (P.O. Box <u>NOT</u> acceptable)	
MIAMI	FL 33144	
City, Sta	ate, and Zip	
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as r	in this certificate, I hereby accept acity. I further agree to comply wi e performance of my duties, and I c	the appointment as ith the provisions of all am familiar with and
93_	-64	. 54. o
	ent's Signature	SAPR -4 P
(CONT	INUED)	
Page 1	of2	

(((H05000081936)))

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	ESTRELLA CRESPO
19124 844	7260 SW 13 STREET
	MIAMI, FL 33144
	···-
	•
(Use attachment if necessary)	
NOTE: An additional article mus	st be added if an effective date is requested.
REQUIRED SIGNATURE:	
\$	}
Signature of a mem	ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
<u> </u>	relia Crespo Typed or printed name of signee
״	Typed or printed name of signee
Filing Fees:	
9175 00 Filing Fas for Articles of Ove	remination and Thate-ution

Page 2 of 2

of Registered Agent

3 30.00 Certified Copy (Optional)

5 5.00 Certificate of Status (Optional)