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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
05 APR 13 PM 3:59  
DIVISION OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 APR 13 AM 8:41

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**LIMITED LIABILITY COMPANY**

**pavillion palms llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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

**ARTICLE I - Name :**

The name of the Limited Liability Company is:

PAVILLION PALMS LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1492 S. MIAMI AVE.  
MIAMI, FLORIDA 33130

**Mailing Address:**

1492 S. MIAMI AVE.  
MIAMI, FLORIDA 33130

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

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

JAVIER CERVERA

Name

1492 S. MIAMI AVE.

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

MIAMI, FLORIDA 33130 FL

City, State, and Zip

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*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..*

[Signature]  
Registered Agent's Signature

(CONTINUED)

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

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>JAVIER CERVERA</u> <u>1492 S. MIAMI AVE.</u> <u>MIAMI, FLORIDA 33130</u>
<u>MGRM</u>	<u>HERNANDO FORERO</u> <u>1401 BRICKELL AVE. SUITE 1010</u> <u>MIAMI, FLORIDA 33131</u>
<u>MGRM</u>	<u>BEATRIZ FORERO</u> <u>1401 BRICKELL AVE. SUITE 1010</u> <u>MIAMI, FLORIDA 33131</u>

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member:

(In accordance with section 607.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JAVIER CERVERA

Typed or printed name of signee

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**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)

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