## L05000046089

(Requestor's Name)		
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>∍#</i> )
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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OS MAY 10 AM 10: 47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EIL ED

EXPRESS CORPORATE FILING SERVICE INC.
Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101 Address

CORAL GABLES, FL 33134 City/State/Zip (305) 444-4994

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

SECRETARSEE FLORIDA

OFFICE USE ONLY

	orporation Name)		(Document #)	
	orporation Name)		(Document #)	
(C	orporation Name)		(Document #)	
Walk in	Pick up time	<u> </u>	Certified Copy  Certificate of	y
Mail out	Will wait	Photocopy	Certificate of	Status
NEW FIL	INGS	AMENDMEN	rs 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	a now.
Profit		Amendment	Total Mile Control of the Control of	a way

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

OTHER FILNGS		
	Annual Report	
	Fictitious Name	
	Name Reservation	

NonProfit

Other

Limited Liability

Domestication

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Merger

Examiner's Initials

CR2E031(9/92)

The name of the Limited Liability Compar	nv ie
•	
RANCHO LA PO	TRANCA LLC 335
ARTICLE II - Address: The mailing address and street address of t	the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
3401 NW 82 Aye	SAME
miami FL 33127	
ARTICLE III - Registered Agent, Regis	tered Office, & Registered Agent's Signature:
The name and the Florida street address of	the registered agent are:
The name and the Florida street address of <u>Jeanne He</u>	_ <b>f</b>
Jeannette 3401 NW BZ	C. Aguilar Name AUE Suite # 230
Jeannette 3401 NW BZ	_ <b>f</b>
Jeannette 3401 NW BZ	C. Aguilar Name AUE Suite # 230

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..

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:					
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:				
MORM	Jeannette G. Aguilar 3401 NW 82 AVE Suite # 230 Minni FC 33122				
mgem	Ragan Hayden 3401 NW 82 AVE Suite #230 Miami FC 33122				
<u></u>					
(Use attachment if necessary)					
NOTE: An additional article must be	added if an effective date is requested.				
REQUIRED SIGNATURE:					
(In accordance with section	an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.)				
<u>Jeannette</u> 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)