

**L05000051600**

Florida Department of State  
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DIVISION OF CORPORATIONS

Division of Corporations  
Fax Number : (850)205-0383

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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**LIMITED LIABILITY COMPANY**

**1515 SAN REMO LLC**

Certificate of Status	0
Certified Copy	1
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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:

1515 SAN REMO LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

6060 SW 78 STREET  
MIAMI, FLORIDA 33143

**Mailing Address:**

6060 SW 78 STREET  
MIAMI, FLORIDA 33143

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

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

DANIEL M. KEIL, P.A.

Name

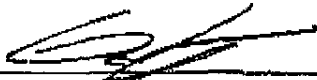
3185 WEST 4 AVENUE

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

HIALEAH, FL 33012

City, State, and Zip

*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 60X, 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:

Title: "MGR" - Manager "MGRM" - Managing Member	Name and Address:
<u>MANAGER</u>	<u>PAULETTE VARGAS</u> <u>8080 SW 78 STREET</u> <u>MIAMI, FLORIDA 33143</u>
<u>MANAGER</u>	<u>STEPHANIE THOMAS</u> <u>8060 SW 78 STREET</u> <u>MIAMI, FLORIDA 33143</u>
_____	_____
_____	_____

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

x Paulette Vargas  
 Signature of a member or an authorized representative of a member.

(In accordance with section 609.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

PAULETTE VARGAS  
Typed or printed name of signor

**Eligible 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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