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CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 397722 7361995

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 125.00

FILED
05 MAY 27 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : May 27, 2005

ORDER TIME : 3:36 PM

ORDER NO. : 397722-005

CUSTOMER NO: 7361995

CUSTOMER: Ali Gamboa
Garcia-oliver & Mainieri, P.a.

Suite 447
782 N.w. Le Jeune Road
Miami, FL 33126

DOMESTIC FILING

NAME: REFLECTIONS A-09, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 2914

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

REFLECTIONS A-09, LLC

ARTICLE II - Address:

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

Principal Office Address:

10924 NW 69 Street
Miami, Florida 33178

Mailing Address:

11831 SW 97 Avenue
Miami, Florida 33178

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

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

Garcia-Oliver & Mainieri, P.A.

Name

782 N.W. Le Jeune Road, Suite 447

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

Miami, Florida 33126

FL

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 608, 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:

MGRM

Rafael Vecchio

10924 NW 69 Street

Miami, Florida 33178

(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 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.)

Angel M. Garcia-Oliver, Esq.

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)