

# L05000058013

FROM :

AX : 9 16040

Jun 10 2005 7:30PM P1

Florida Department of State  
Division of Corporations  
Public Access System

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.**

(((H05000137370 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : CLARION VENTURES, INC.  
Account Number : I20030000026  
Phone : (623) 465-8636  
Fax Number : (623) 465-8640

## LIMITED LIABILITY COMPANY

Northwest casita LLC

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JUN 10 A 8:53

FILED

Name Availability	
Document Examiner	Doc
Updater	
Updater Verifier	
Acknowledgement	Doc
W. P. Verifier	Doc

Electronic Filing Menu

Corporate Filing

Public Access Help

FROM :

FAX NO. : 9542176040

Jun. 09 2005 07:31PM P2

H05 0001373703

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Northwest casita LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1825 Park Ave

Weston Florida, 33326

**Mailing Address:**

1825 Park Ave

Weston Florida, 33326

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

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

Leonardo Fernandez

Name

1825 Park Ave

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

Weston,

FLORIDA 33326

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, Florida Statutes..*

Leonardo Fernandez  
Registered Agent's Signature

Page 1 of 2  
(CONTINUED)

H05 0001373703

2005 JUN 09 A 8:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

FROM :

FAX NO. : 9542176040

Jun. 09 2005 07:31PM P3

H 05000 137 3703

**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

Leonardo Fernandez

1825 Park Ave

Weston Florida,, 33326

MGRM

Ana M Fernandez Cartas

1825 Park Ave

Weston Florida. 33326

(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.)

LEONARDO FERNANDEZ

Typed or printed name of signer

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

H 05000 137 3703

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JUN 10 A 8:53

FILED