

05000074038

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.

(((H05000180322 3)))

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

RECEIVED  
05 JUL 27 PM 1:32  
DIVISION OF CORPORATION

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
05 JUL 27 AM 8:49

LIMITED LIABILITY COMPANY

aventura office center, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

H05000180322

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY  
OF  
AVENTURA OFFICE CENTER, LLC.**

**ARTICLE I Name:**

The name of the Limited Liability Company is:

**AVENTURA OFFICE CENTER, LLC.**

**ARTICLE II Address:**

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

**19300 W. Dixie Hwy. Suite 12  
North Miami Beach, FL 33180**

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

The name and the Florida Street Address of the registered agent are:

**Leonardo A. Roth, Esq.  
Roth, Rousso, Katsman & Schneider, LLP.  
18851 NE 29<sup>th</sup> Avenue, Ste 900  
Aventura, FL 33180**

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 Agents's Signature

STATE  
TAX  
RECORDS  
SECTION  
JUL 27 AM 8:49  
TALLAHASSEE, FLORIDA

**ARTICLE IV Management:** (Check box if applicable)

The Limited Liability Company is to be managed by the managers and the name and address of the managers are:

1. Jorge Raul Pack: 19300 W. Dixie Hwy. Suite 12, North Miami Beach, FL 33180
2. Eduardo Raul Funes: 19300 W. Dixie Hwy. Suite 12, North Miami Beach, FL 33180



Signature

(In accordance with section 608.404 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

Jorge Raul Pack  
Typed or printed name of signee

H05000180322