

LO50000 78 333

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.

((H05000190402 3)))

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

RECEIVED

05 AUG -9 PM 2:26

DIVISION OF CORPORATION

To:

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

From:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 AUG -9 AM 9:22

FILED

LIMITED LIABILITY COMPANY

14950 s.w. 71 avenue, l.l.c.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

M. Thomas AUG 10 2005

③

H05000190402

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

14950 S.W. 71 AVENUE, L.L.C.

ARTICLE I

The name of the Limited Liability Company shall: 14950 S.W. 71 AVENUE, L.L.C.

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited Liability Company is: 1200 BRICKELL AVENUE, SUITE 950, MIAMI, FL 33131

ARTICLE IV

The name and the Florida street address of the registered agent:
HUMBERTO OCARIZ, 1200 BRICKELL AVENUE, SUITE 950, MIAMI, FL 33131.

FILED

05 AUG -9 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000190402

H05000190402

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

149.50 S.W. 71 Avenue, L.L.C.
(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Humberto Ocariz
Registered Agent

SECRET
TALAMON STATE
FLORIDA

05 AUG -9 AM 9:22

FILED

[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.)

HUMBERTO OCARIZ
Typed or printed name of signee

H05000190402