

L05000084531

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.**

((H05000203808 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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

RECEIVED  
05 AUG 25 AM 8:06  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

the point 410, llc

FILED  
2005 AUG 25 P 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
acknowledgement	DCC
W. P. Verifier	DCC

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

Electronic Filing Menu

Corporate Filing

Public Access Help

②

HUSUWJUSXU

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

**THE POINT 410, LLC****ARTICLE II - Address:**

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

**21205 YACHT CLUB DRIVE, # 2903  
AVENTURA, FL 33180****ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

**MARK E. ROUSSO, ESQ.****18851 NE 29<sup>th</sup> Avenue, Suite 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 Agent's Signature**ARTICLE IV - Management (Check box if applicable)**

  X   The Limited Liability Company is to be managed by the manager and is, therefore, a member managed company.

**The Managers are****MANUEL POJ  
GUSTAVO STRALLNIKOFF**  
\_\_\_\_\_  
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.)

**GUSTAVO STRALLNIKOFF**

Typed or printed name of signee

H105000203808

**FILED**  
2005 AUG 25 P 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA