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.

(((H05000222560 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your from this page 5...

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

Account Name : EMPIRE CORPORATE KIT COMPANY SEP 19 Properties (305)634-3694

Sep 1 (305)633-9696 browser from this page. Doing so will generate another cover

To:

From:

LIMITED LIABILITY COMPANY

reflections villas, llc

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

Eschonic Filing Menu.





ARTICLES OF ORGANIZATION OF REFLECTIONS VILLAS, LLC

ARTICLE I - NAME

The name of the limited liability company is REFLECTIONS VILLAS, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

Mailing Address:

978 Windward Way Weston, Florida 33327

978 Windward Way Weston, Florida 33327

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

OSCAR GRISALES-RACINI, ESQ. 2999 N.E. 191st Street, Concorde Centre II, PH-8 Aventura, Florida 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..

OSCAR GRISALES-RACINI, ESQ.

SECRETARY OF STATE OF SECRETARY OF CORPORATIONS

H05000777500

50.9 JATOT

20.9



ARTICLE IV - MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

Title.

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGR

ELIAS PERCHIK 978 Windward Way Weston, Plorida 33327

REQUIRED SIGNATURE:

lignature of a morable or he authorized representative of a grander.

(in accordance with rection 608.498(3), Florida Statutes, the execution of this document constitutes an affirmation under the pseudies of perjusy that the facts stated herein are true.)

KLIAS PERCHIK

Typed or printed name of signoo

SECRETARY OF STATE DIVISION OF CORPORATIONS