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| (Requestor's Name)      |                   |           |  |  |
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| (Cit                    | y/State/Zip/Phone | · #/)     |  |  |
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| PICK-UP                 | ☐ WAIT            | MAIL      |  |  |
|                         |                   |           |  |  |
| (Bi)                    | siness Entity Nam | ne)       |  |  |
| (54                     | Siness Endty Ivan | 16,       |  |  |
|                         |                   |           |  |  |
| (Do                     | cument Number)    |           |  |  |
|                         |                   |           |  |  |
| Certified Copies        | Certificates      | of Status |  |  |
|                         |                   |           |  |  |
|                         |                   |           |  |  |
| Special Instructions to | Filing Officer:   |           |  |  |
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Office Use Only



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05 OCT -3 AM IO: 37

SECRETARY OF STATE
SECRETARY OF STATE

J. Shivers OCT 0 4 2005

## TRANSMITTAL LETTER

| TO: Registration Se<br>Division of Co |  |   |   |   |
|---------------------------------------|--|---|---|---|
| SUBJECT: THE BEA                      | ACH CLUB III - UNIT 3402,  |   | ~_~   |   |
|                                       | (Name of Limite  | ed Liability Company)                                     |   |   |
| The enclosed Articles of              | f Organization and fee(s) are s                                      | submitted for filing.                                     |   |   |
| Please return all corresp             | ondence concerning this matte  | er to the following:                                      |   |   |
|                                       |  | GNO R. GRANDA   |   |   |
|                                       | (  | Name of Person)   |   |   |
|                                       |  |   |   |   |
|                                       | <del></del>  | (Firm/Company)  |   |   |
|                                       |  |   |   |   |
|                                       | 14431 S  | .W. 78TH STREET   |   |   |
|                                       | <del></del>  | (Address)   | <del></del>   | -   |
|                                       |  |   |   |   |
|                                       | MIAMI,   | FLORIDA 33183   |   |   |
|                                       | (City  | /State and Zip Code)                                      |   | a. e  |
| For further information               | concerning this matter, please                                       | call:   |   | FILED  05 OCT -3 AM ID: 37  SLOKE TARY OF STATE TALL AHASSEE, FLORI |
| BENIGNO R. GRAND                      | )A   | at ( 305 ) 322  | 2-8010  | ASSI GE   |
|                                       | of Person)   | - 44 (  | aytime Telephone Numb   | er) Fig 3   |
| Enclosed is a check fo                | or the following amount:   |   |   | D: 37   |
| <b>Ø</b> \$125.00 Filing Fee          | ☐ \$130.00 Filing Fee & Certificate of Status                        | ☐ \$155.00 Filing Certified Copy (additional copy is encl | Certificate (osed) Certified (                                      | of Status & Copy opy is enclosed)                                   |
| Regist<br>Divisio                     | ET ADDRESS:<br>ration Section<br>on of Corporations<br>Gaines Street | Regis<br>Div <b>i</b> si                                  | LING ADDRESS:<br>tration Section<br>ion of Corporations<br>Box 6327 |   |

Tallahassee, Florida 32314

Tallahassee, Florida 32399

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is  | CORIDA LIMITED LIABILITY COMPANY .   |
|---|--|
| The hame of the Elimited Elability Company is   | •  |
| THE BEACH CLUB III - I  | UNIT 3402, L.L.C.  |
| ARTICLE II - Address: The mailing address and street address of the p   | rincipal office of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:   |
| 100 SOUTH POINTE DRIVE  | 100 SOUTH POINTE DRIVE   |
| UNIT NO. 2201   | UNIT NO. 2201  |
| MIAMI BEACH, FLORIDA 33139  | MIAMI BEACH, FLORIDA 33139   |
| The name and the Florida street address of the VALERIA BAG  | NASCO  |
| Name  | For On   |
| 100 SOUTH POINTE DRIVE  | UNIT NO. 2201  Idress (P.O. Box NOT acceptable)  FL and Zip  |
| Florida street ad   | Idress (P.O. Box NOT acceptable)   |
| MIAMI, FLORIDA 33139  | FL.  |
| City, State,  | and Zip  |
| liability company at the place designated in<br>registered agent and agree to act in this capacit<br>statutes relating to the proper and complete p | accept service of process for the above stated littled this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S |

Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

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

| <u>Title:</u>             | Name and Address:  |
|---------------------------|--|
| "MGR" = Manager           | 1,00,00  |
| "MGRM" = Managing M       | ember  |
| MGRM                      | MATIAS CASSANO   |
|                           | ECUADOR 1416, PISO 18 "A", CAPITAL 1425  |
|                           | ARGENTINA  |
| MGRM                      | FABIAN TARABORELL!   |
|                           | 100 SOUTH POINTE DRIVE, UNIT NO, 2201  |
|                           | MIAMI BEACH, FLORIDA 33139   |
| MGRM                      | JOSE LUIS COSSARINI  |
|                           | ECUADOR 1416, PISO 18 "A", CAPITAL 1425  |
|                           | ARGENTINA  |
| (Use attachment if necess | • /  |
| NOTE: An additional a     | rticle must be added if an effective date is requested.  |
| REQUIRED SIGNATU          | rticle must be added if an effective date is requested.  RE:  de of a member or an authorized representative of a member.  de of a member of 608.408(3) Florida Statutes, the execution occument constitutes an affirmation under the penalties of perjury |
| Signatur                  | e of a member or an authorized representative of a member.   |
| of this do                | dance with section 608.408(3) Florida Statutes, the execution ocument constitutes an affirmation under the penalties of perjury facts stated herein are true.)   |
| VALER                     | IA BAGNASCO  |
|                           | Typed or printed name of signee  |
|                           | /  |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)