

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.

(((H05000237694 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 : HUBCO

Account Number : 104662003400

: (516)935-3940

Fax Number

; (516)935-3088

LIMITED LIABILITY COMPANY

747 #603 Ponce de Leon LLC

Certificate of Status	i
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

A. 1

MOLLY BORBITO SEE MINISTATIO

Electronic Filing Menu

Corporate Filing:

Public Access Help.

H05000237694

ARTICLES OF ORGANIZATION FOR

	ARTICLES OF ORGANIZATION FOR	A STATE OF THE STA
FL	ORIDA LIMITED LIABILITY COMPANY	, .
ARTICLE I - Name	npany is: 747 #603 Ponce de Leon LLC	1 1 1 1 1 1 1 50
ARTICLE II - Address		T. 30 3
The mailing address and street address	s of the principal office of the Limited Liability Company is	:
Principal Office Address:	Mailing Address:	
12611 Ramiro Street	12611 Ramiro Street	
Coral Gables, FL 33156	Coral Gables, FL 33156	
•		
ARTICLE III - Registered Age The name and Florida street address of	ent, Registered Office & Registered Agent's Sig	gnature
THE MENT BUS I TOTAGE BUREC STANCES	i mo refrarerog projit dio:	
	Gloría Lopez	
	Gloría Lopez Name	
		
	Name	
	Name 12611 Ramiro Street (P.O. Box or Mail Drop Box NOT Acceptable) Coral Gables, FL 33156	
	Name 12611 Ramiro Street (P.O. Box or Mail Drop Box NOT Acceptable)	
at the place designated in this certificapacity. I further agree to comply w	Name 12611 Ramiro Street (P.O. Box or Mail Drop Box NOT Acceptable) Coral Gables, FL 33156	ent and agree to act in this and complete performance
at the place designated in this certificapacity. I further agree to comply wof my duties, and I am familiar with Chapter 608, F.S.	Name 12611 Ramiro Street (P.O. Box or Mail Drop Box NOT Acceptable) Coral Gables, FL 33156 (City / State / Zip) gent and to accept service of process for the above state icate, I hereby accept the appointment as registered age with the provisions of all statutes relating to the proper	ent and agree to act in this and complete performance

ARTICLE IV - Manager(s) or Managing Member(s):		H0500023769	
	Manager or Managing Member is as follows:		
<u>Title:</u>	Name and Address:	,	
"MGR" = Manager "MGRM" = Managing Member	r	1813 -6 A 150	
MGR	Gloria Lopez-12611 Ramiro Street, Cor	al Gables, FL 33156	
		1.1	
Use attachment if necessary)			
REQUIRED SIGNATURE:		•	
	11		
Signat	ure of a member or authorized representative	of a member.	
documen	rdance with section 608.408(3), Florida Statutes at constitutes an affirmation under the penalties rein are true.)		
	Gloria Lopez		
	Typed or printed name of signee		