

L05000114521

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.

((H05000275022 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 NOV 30 PM 1:01

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

bermuda villas at dadeland, llc

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

SEC. 607.01(2)(b)
TALLAHASSEE, FLORIDA

705 NOV 30 A 9:03

11/30/05

Name Availability	
Document Examination	DOC
Update	DOC
Preparer Verification	DOC
Acknowledgment	DOC
W. P. Verifier	DOC

Electronic Filing Menu

Corporate Filing

Public Access Help

H05000275022

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bermuda Villas at Dadeland, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

2840 SW 129 Avenue
Miami, FL 33175

Mailing Address:

2840 SW 129 Avenue
Miami, FL 33175

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name: Recaredo Gutierrez

Florida street address (P.O. Box NOT acceptable): 2840 SW 129 Avenue

City, State, and Zip: Miami, FL 33175

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 606, FS.

Registered Agent's Signature (REQUIRED)


RECAREDO GUTIERREZ

NOV 30 A 9:03
CLERK OF COURT
CLERK OF COURT
CLERK OF COURT

H05000275022

H05000275022

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Manager

Recaredo Gutierrez
2840 SW 129 Avenue
Miami, FL 33175

Managing Member

Anthony Chao
13680 NW 5 St., Suite 100
Sunrise, FL 33325

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED 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.)

RECAREDO GUTIERREZ
Typed or printed name of signer

FILED
2005 NOV 30 A 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H05000275022