

LOS000120433

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.

((H05000287919 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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : 120000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

SECRETARY OF STATE
TALLAHASSEE FLORIDA

05 DEC 19 AM 8:38

FILED

RECEIVED

05 DEC 19 PM 12:31

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

2806 SEGOVIA STREET, LLC

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

12/20/05
C. J. Smith

Electronic Filing Mail

Corporate Filing

Public Access Unit

((H05000287919)))

ARTICLES OF ORGANIZATION
FOR
2806 SEGOVIA STREET, LLC

ARTICLE I-Name:

The name of the Limited Liability Company is:

2806 SEGOVIA STREET, LLC, a Florida Limited Liability Company

ARTICLE II-Address:

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

Principal Office Address:

2806 Segovia Street
Coral Gables, FL 33134

Mailing Address:

P.O. Box 347136
Coral Gables, FL 33234

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 19 AM 8:38

FILED

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature:

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

Maria Cristina Longo
744 Biltmore Way
Suite 2
Coral Gables, FL 33134

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 in Chapter 608, Florida Statutes.


Maria Cristina Longo
Registered Agent's Signature

(((H05000287919)))

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

Title:

Manager

Name and Address:

Maria Cristina Longo
P.O. Box 347136
Coral Gables, Fl 33234

By: Maria B Longo

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.)

ARTICLE V-Duration and Effective Date

The period of duration for the Limited Liability Company shall be perpetual and the effective date shall be the date on which these articles of organization are filed with the Department of State-Division of Corporations.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 DEC 19 AM 8:38

FILED