Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

FLORIDA/FOREIGN LIMITED LIABILITY

STUART FAIRWAY PALMS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
the name of the Limited Liability Company is.	
STUART FAIRWAY PALMS LLC	<u></u>
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:	Mailing Address:
1000 PONCE DE LEON BLVD	1000 PONCE DE LEON BLVD
SUITE: 207	SUITE: 207
CORAL GABLES FL 33134	CORAL GABLES FL 33134
ARTICLE III - Registered Agent, Re	egistered Office, & Registered Agent's Signature

(The Limited Lisbility Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

DOMINGO ALVAREZ

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

Name

1000 PONCE DE LEON BLVD SUITE: 207

Florida street address (P.O. Box NOT acceptable)

CORAL GABLES FL 33134

City, State, and Zip

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..

Registered Sent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	THEODORE C. GONZALEZ
	1000 PONCE DE LEON BLVD SUITE: 207
	CORAL GABLES FL 33134
MGRM	ROSALINE MENDOZA
	1000 PONCE DE LEON BLVD SUITE: 207
	CORAL GABLES FL 33134
	
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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)

Page 2 of 2