

206000008117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

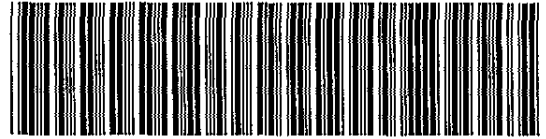
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

Office Use Only



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01/24/06--01014--018 \*\*155.00

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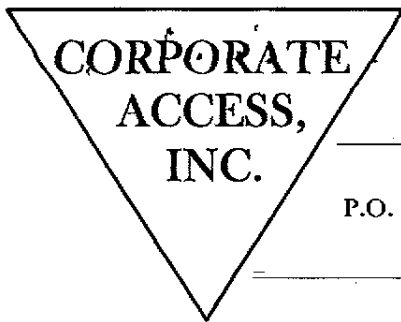
2006 JAN 24 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA



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WALK IN

PICK UP:

1/24/06 *[Signature]*



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*LLC*

FILED  
2006 JAN 24 PM 2:42  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

1.

*7734 Rene, LLC*  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

7734 RENE, LLC

## ARTICLE II - Address:

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

### Principal Office Address:

5396 S.W. 80 STREET  
Miami, FL 33143

### Mailing Address:

5396 S.W. 80 STREET  
Miami, FL 33143

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

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

TRESCOTT, DRUCKER & VASALLO, P.L.

Name

2605 PONCE DE LEON BOULEVARD

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 Agent's Signature

(CONTINUED)

**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:**

MGR

Pines Davis, LP By: Munchkin, LLC By: Edward  
M. Weller, Sr. as Trustee of the Edward M.  
Weller Trust UTD 12/7/05 5396 S.W. 80 St.

MGR

Pines Davis, LP By: Munchkin, LLC By: Betty M.  
Mortenson as Trustee of the Betty M. Mortenson  
Trust UTD 12/7/05, 5396 S.W. 80 Street

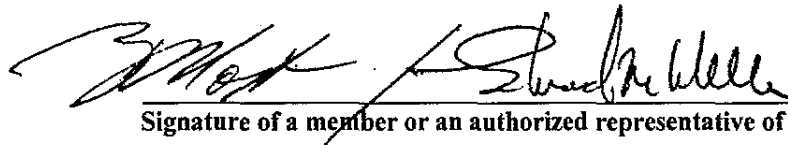
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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**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.)

/ EDWARD MICHAEL WELLER, SR. as Trustee

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)**