L06000000121

(Requestor's Name)		
(Address)		
(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		
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[/		
∖ / Office Use Only		



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01/24/06--01014--016 **155.00

SECRETARY EN 2: 486 JATIZ4 MITH: 10

	INC. 236 East 6th Avenue . Tallahassee, Florida 32303
`	P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666
	WALK IN
	PICK UP: 1/24/06 Almodistriction CERTIFIED COPY
	CERTIFIED COPY
	PHOTOCOPY
	CUS
	FILING LLC
1.	5425 Dall, LLC
_	(CORPORATE NAME AND DOCUMENT #
2.	(CORPORATE NAME AND DOCUMENT #)
	(CORTORATE NAME AND DOCUMENT #)
3	(CORPORATE NAME AND DOCUMENT #)
4.	
	(CORPORATE NAME AND DOCUMENT #)
<i>5</i>	
	(CORPORATE NAME AND DOCUMENT #)
6.	(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: he name of the Limited Liability Company is:		
5425 D211, LLC		
ARTICLE II - Address:	To the state of th	
The mailing address and street address of the p	principal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5396 S.W. 80 STREET	5396 S.W. 80 STREET	
Miami, FL 33143	Miami, FL 33143	
The name and the Florida street address of the TRESCOTT, DRUCKER & VA		
Name	e	
2605 PONCE DE LEON BOULEVARD		
Florida street address (P.O. Box NOT acceptable)		
CORAL GABLES	<u>FL</u> 33134	
City, State,	, and Zip	
Having been named as registered agent and to liability company at the place designated in	accept service of process for the above stated limited	

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana		Name and Address:
"MGRM" = Ma	naging Member	
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
	. 	
(Use attachmen	t if necessary)	
NOTE: An ad	ditional article must be	added if an effective date is requested.
REQUIRED S	IGNATURE:	1 0 1 11
	Mon	-/ Shootmille
	Signature of a member o	ran authorized representative of a member.
	(In accordance with section	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury
	EDWA	ARD 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)