

L06000012364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

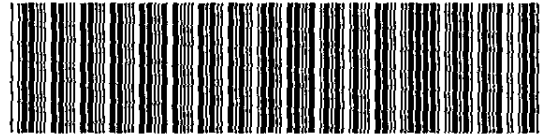
(Business Entity Name)

(Document Number)

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02/06/06---01002---003 \*\*160.00

RECEIVED  
06 FEB -3 PM 3:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
FILED  
2006 FEB -3 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: TRACY SPEAR

DATE: 02/03/06

REF. #: 000150.47658

CORP. NAME: PRESTIGE PALMS CORPORATE CENTRE, LLC

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 515971 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input checked="" type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |  |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR  
PRESTIGE PALMS CORPORATE CENTRE, LLC**

**ARTICLE 1. - NAME:**

The name of this Limited Liability Company ("Company") shall be:

PRESTIGE PALMS CORPORATE CENTRE, LLC

**ARTICLE 2. - ADDRESS**

The mailing address and street address of the principal office of the Company is:  
14160 Palmetto Frontage Road, Suite 21, Miami Lakes, Florida 33016.

**ARTICLE 3. - DURATION**

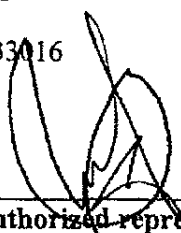
The period of duration for the Company shall be perpetual unless dissolved according to law.

**ARTICLE 4. - MANAGEMENT**

The Company is to be managed by: a manager or managers and the name(s) and address of such managers are:

Jose R. Boschetti  
1200 Ponce de Leon Boulevard, 1<sup>st</sup> Floor  
Coral Gables, Florida 33134

Martin Caparros, Jr.  
14160 Palmetto Frontage Road  
Suite 21  
Miami Lakes, Florida 33016

  
\_\_\_\_\_  
**Signature of a member or an authorized representative of a member**  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FILED**  
2006 FEB - 3 PM 4:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

PRESTIGE PALMS CORPORATE CENTRE, LLC

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

JOSE R. BOSCHETTI

NAME

1200 PONCE DE LEON BLVD, 1<sup>ST</sup> FLOOR

Florida street address (P.O. BOX NOT ACCEPTABLE)

CORAL GABLES, FLORIDA 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.*

\_\_\_\_\_  
SIGNATURE