

LO6000028360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

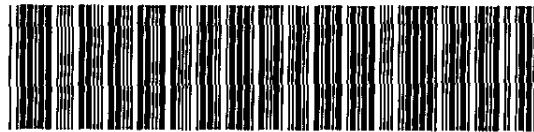
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2006 MAR 16 AM 9:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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06 MAR 16 PM 4:53  
CLERK 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: RICKY SOTO

DATE: 03/16/2006

REF. #: 000150.49473

CORP. NAME: HIALEAH 150, LLC

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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# \_\_\_\_\_ FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

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

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input 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**

**HIALEAH 150, LLC**

**ARTICLE 1. - NAME:**

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

**HIALEAH 150, LLC**

**ARTICLE 2. - ADDRESS**

The mailing address and street address of the principal office of the Company is:  
1200 Ponce de Leon Blvd. 2<sup>nd</sup> Floor, Coral Gables, Florida 33134.

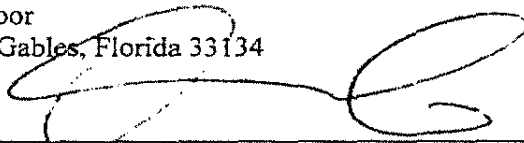
**ARTICLE 3. - DURATION**

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:

Omar A. Hernandez  
1200 Ponce de Leon Blvd  
2<sup>nd</sup> Floor  
Coral Gables, Florida 33134



**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.)

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**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:

HIALEAH 150, LLC

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

OMAR A. HERNANDEZ

NAME

1200 Ponce de Leon Blvd, 2<sup>nd</sup> Floor

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

Miami, 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