

L060000030710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

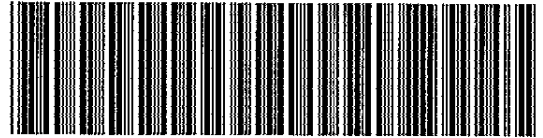
(Business Entity Name)

(Document Number)

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

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TALLAHASSEE, FLORIDA

RECEIVED  
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STATE  
SECTIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 937884 7368642

AUTHORIZATION :

COST LIMIT : \$ 150.00

*[Handwritten signature]*

ORDER DATE : March 23, 2006

ORDER TIME : 11:45 AM

ORDER NO. : 937884-005

CUSTOMER NO: 7368642

DOMESTIC FILING

NAME: CARABAS LAKE, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Joyce Markley - EXT. 2930

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 13, 2006

JOYCE MARKLEY  
CSC  
TALLAHASSEE, FL

SUBJECT: CARABAS LAKE, LLC  
Ref. Number: W06000012094

We have received your document for CARABAS LAKE, LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

As discussed, the January 12, 2006, effective date is too far back.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Document Specialist

Letter Number: 706A00017120

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**CARABAS LAKE, LLC**

**ARTICLE II – Address:**

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

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>14629 SW 104<sup>th</sup> Street, Ste 511</u>	<u>14629 SW 104 Street, Ste 511</u>
<u>Miami, FL 33186</u>	<u>Miami, FL 33186</u>

**ARTICLE III – Registered Agent, Registered Office & Registered Agent’s Signature:**


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

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

Aubrey G. Rudd, Esquire  
7901 SW 67 Avenue #206  
South Miami, FL 33143

*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 statues 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..*

Aubrey G. Rudd, Esquire

  
Aubrey G. Rudd, Esquire  
Florida Bar No.: 885207

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**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:**

**MGRM**

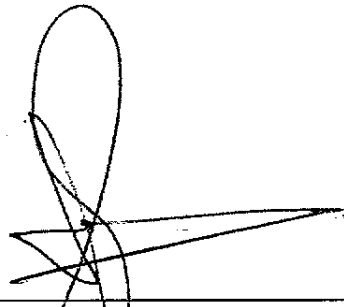
**Juan Carlos Maza Pardina**  
**14629 SW 104<sup>th</sup> Street, Suite 511**  
**Miami, FL 33186**

**MGR**

**Pilar Nuria Oto Maria**  
**14629 SW 104<sup>th</sup> Street, Suite 511**  
**Miami, FL 33186**

**ARTICLE V : Effective date:**

**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.)

\_\_\_\_\_  
**Juan Carlos Maza Pardina**

**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)

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