

Florida Department of State Division of Corporations Public Access System

### **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000104093 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number : 072450003255 Phone : (305)634-3694

Fax Number

: (305)633-9696

EORIDA/FOREIGN LIMITED LIABILITY CO.

acqualina 3503, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

J. BRYAN APR 2 0 2006



## H06000104093

### ARITCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I-Name:**

The name of the Limited Liability Company is: ACQUALINA 3503, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### ARTICLE II - Address:

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

Principal Office Address: 2000 Island Blvd., PH-10 Aventura, FL 33160 Mailing Address: 2000 Island Blvd., PH-10 Aventura, FL 33160

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 street address of the registered agent are:

Name: Andrey NERODENKOV

Florida street address (P.O. Box NOT acceptable):

2000 Island Blvd., PH-19 Aventura, FL 33160

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 (REQUIRED)

HDQQQD10H095

Σ0.9 JATOT

# H0000104093

ARTICLE IV- Manager(s) or Managing Meml The name and address of each Manager or Manag		
<u>Title</u> : "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Andrey NERODENKOV 2000 Island Blvd., PH-10 Aventura, FL 33160	
MGRM	Anna KRUGLOVA - ARUTYUNYAN 2000 Island Blvd., PH-10 Aventura, FL 33160	
MGRM	Margarita NERODENKOVA – KRUGLOVA 2000 Island Blvd., PH-10 Aventura, FL 33160	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
Signature of a member or an authorized representa	tive of a member.	
(In accordance with section 608.408(3), Florida Statute affirmation under the penalties of perjury that the facts	s, the execution of this document constitutes an stated herein are true.)	
Andrey NERODENKOV Typed or printed name of signee		

H06000104093