

206000045335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

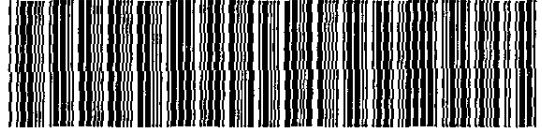
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2006 MAY -2 PM 1:15

06 MAY -2 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILE
STATIONS
FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- GROVE HILL 1504, LLC
- 2-
- 3-
- 4-

- ☒ Walk-in ☐ Pick-up time ASAP ☐ Certified Copy
☐ Mail-out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
GROVE HILL 1504, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be GROVE HILL 1504, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company shall be 2645 South Bayshore Drive, Unit 1504, Miami, Florida 33133

ARTICLE III - DURATION

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual unless the company is earlier dissolved as provided in these articles of organization.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the company in the State of Florida is:

Pedro P. Saez, Esquire
888 Brickell Avenue, Fifth Floor
Miami, Florida 33131

ARTICLE V - CAPITAL CONTRIBUTIONS

The members of the company shall contribute to the capital of the company the cash or property set forth in the Regulations and Operating Agreement of the Company.

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TALLAHASSEE, FLORIDA

ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS

Each member shall make additional capital contributions to the company only on the unanimous consent of all the members.

ARTICLE VII - ADMISSION OF NEW MEMBERS

No additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the members of the company other than members proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE VIII - TERMINATION OF EXISTENCE

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of all the remaining members, provided there are at least two remaining members.

ARTICLE IX - MANAGEMENT

The company shall be managed by a manager in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial managers of the company are:

Name

Luis Fragali

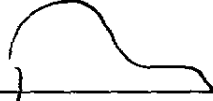
Address

2645 South Bayshore Drive, Unit 1504
Miami, Florida 33133

Patricia Magalhaes Fragali

2645 South Bayshore Drive, Unit 1504
Miami, Florida 33133

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization at City of Miami, Miami-Dade County, Florida, on this 28th day of April, 2006.


Pedro P. Saez, Esq., Organizer

STATE OF FLORIDA

COUNTY OF MIAMI- DADE

SWORN TO AND SUBSCRIBED before me this 28th day of April, 2006 at Miami-Dade County, Florida, by PEDRO P. SAEZ, who is personally known to me or who has produced _____ as identification.



JUDITH M. PERAZA
MY COMMISSION # DD 337709
EXPIRES: July 14, 2008
Bonded Thru Budget Notary Services


NOTARY PUBLIC, State of Florida


Printed Name: _____

My Commission Expires: _____

Commission No.: _____

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of Organization of GROVE HILL 1504, LLC., as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accepts the obligations of the position of registered agent.



PEDRO P. SAEZ, ESQ.

SWORN TO AND SUBSCRIBED before me this 28th day of April, 2006 at Miami- Dade County, Florida, by PEDRO P. SAEZ, ESQ., who is personally known to me or who has produced _____ as identification.



JUDITH M. PERAZA
MY COMMISSION # 00 337708
EXPIRES: July 14, 2008
Bonded Thru Budget Notary Services



NOTARY PUBLIC, State of Florida

Printed Name: _____

My Commission Expires: _____

Commission No.: _____