

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

06000051869

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.

(((H06000138015 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:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305) 634-3694

Fax Number : (305) 633-9696

2006 MAY 13 PM 12:36

FILED
SECRETARY OF STATE
MYRTLE BEACH OFFICE

RECEIVED

06 MAY 18 PM 3:08

DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO.

lourdes land, l.l.c.

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

Electronic Filing Menu Corporate Filing Menu

Help

DB

H06000138015

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

ARTICLE I – Name:

The name of the Limited Liability Company is: **LOURDES LAND, L.L.C.**

ARTICLE II – Address:

The mailing address and street address of the principle office of the Limited Liability Company is: 6217 SW 10 Street, Miami, Florida 33144

Principal Office Address:

6217 SW 10 Street
Miami, Florida 33144

Mailing Address:

6217 SW 10 Street
Miami, Florida 33144

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

Orieta Fontan
Name
6217 SW 10 Street
Florida street address (P.O. Box NOT acceptable)
Miami, Florida 33144
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 13 PM 12:36

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

H06000138015

TOTAL P.03

ARTICLE IV – Management / Member(s):

The name(s) and address(s) of each Manager or Managing Member is as follows:

Title:

“MGR” = Manager

“MGRM” = Managing Member

MGR

Orieta Fontan
6217 SW 10 Street
Miami, Florida 33144

MGR

Harry Rubi
6217 SW 10 Street
Miami, Florida 33144

(Use attachment if necessary)

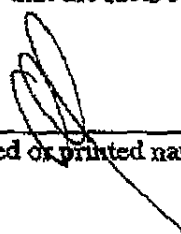
NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

ORIENTA FONTAN

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.)



Typed or printed name of signer

H06000138015

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 13 PM 12:36