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Division of Corporations

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Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0393

From:

Account Name : RAJESH PATEL Account Number : 120060000092 : (813)991-7865 Fax Number : (813)991-7865

FLORIDA/FOREIGN LIMITED LIABILITY CO. Sitios Street, LLC Certificate of Status 1 Certified Copy 0 Page Count 03 Estimated Charge \$130.00

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6/16/2006

N. Outlines IIIA O I on

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ARTICLES OF ORGANIZATION FOR TLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
SITIOS STREET, LL	.C
(Must end with the words "Limited Liability Compe	any, "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:	Mailing Address:
10226 GARBEN ALCONE DRIVE	6 10226 GARDEN ALLONE PLYE
TAMIA	TAM/A EL 33647
FL. 33647	12.33647
(The Limited Liability Company cannot serve as in business entity with an active Florida registration. The name and the Florida street address	FS 👱
10216 GAR	SEN ALCONE DEINE TO G
Florid	la street address (P.O. Box NOT acceptable)
TA	MIA III SIGHT
· · · · · · · · · · · · · · · · · · ·	MIA FL 33647
liability company at the place desig registered agent and agree to act in th statutes relating to the proper and co accept the obligations of my position	and to accept service of process for the above stated limited grated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S. Litt ent's Signsture (REQUIRED)

(CONTINUED)

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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: Name and Address: "MGR" = Manager "MGRM" = Managing Member Marm Marm 10226 GARAEN ALCOVE (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 representative of a member. (In secondance with section 508.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of penjury that the facts stated herein are true.) PATEL Typed or printed name of signee Filing Feer: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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(H060001599433)

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)