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.

(((H06000188763 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

Erom:

: EXPRESS CORPORATE FILING SERVICE INC. Account Name

Account Number : I20000000146 Phone

: (305)444-4994

Fax Number : (305)444-4977

EFEORIDA/FOREIGN LIMITED LIABILITY CO.

CORTES FAMILY INVESTMENTS LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

ECL2

07/25/2006 201 SE SOOE 3:03

## (((H06000188763)))

ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABII	LITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	· :	
CORFES FAMILY WVES	tments LLC	," of "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Li	lability Company is:
Principal Office Address:	Malling Address:	
Pa Box 821068	SAME	
33082-1068		<del></del>
Florids afreet add	ered Ageni. You must designate as indiversely agent are:	SECRETARY OF TALLAHASSEE, F
MIRAMAR City, State, a	FL 33027	STATION 2
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis  Régistated Agent's Signature.	his certificate, I hereby accept the interest with accept the interest accept with a formance of my duties, and I am tered agent as provided for in C	ie appointment as : the provisions of all in familiar with and

(CONTINUÉD) Page 1 of 2

1nj 52 5008 3:03

## (((H06000188763)))

Title: "MGR" = Manager "MGRM" = Managin	g Member	Name and Address	1
MGRM		14590 5W	Rtes 38 ST
		miRaman	F) 33027
	, ,		+
		<del></del>	
	•		
(Use attachment if ne	cessary)		
LEV: Effective date,	if other than the d the date must be	late of filing:specific and cannot be	OPTIO
LE V: Effective date, ffective date is listed,	if other than the d the data must be f filling.)	late of filing:specific and cannot be	
LEV: Effective date, ffective date is listed, days after the date o	if other than the d the data must be f filling.)	specific and cannot be	
LE V: Effective date, ffective date, ffective date is listed, of days after the date of th	if other than the d the data must be f filing.) TURE:	specific and cannot be	more than five business
LE V: Effective date, ffective date, ffective date is listed, days after the date of REQUIRED SIGNATE.	if other than the date must be filling.) TURE:	ar an anthorized representation 608.408(3), Florida Statution on affirmation under the	move than five business
LE V: Effective date, ffective date, ffective date is listed, days after the date of REQUIRED SIGNATE.	if other than the dithe data must be filling.)  TURE:  Lature of a member accordance with section the facts stated be the fact	ar an enthorized representation and artificial an affirmation under the rein are true.)	nove than five business  testive of a member.  ites, the execution penalties of perjury
LE V: Effective date, ffective date, ffective date is listed, days after the date of REQUIRED SIGNATE.	if other than the dithe data must be filling.)  TURE:  Lature of a member accordance with section the facts stated be the fact	or an enthorized representation and affirmation under the rein are true.)	nove than five business  testive of a member.  ites, the execution penalties of perjury

201 \$2 \$000