DD082696. Division of "Como" 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. (((H06000209945 3))) H060002099453ABC2 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 38 ⇔<sup>From</sup>: ECENEI CORPON Account Name : EXPRESS CORPORATE FILING SERVICE INC. a A Account Number : I2000000146 : (305)444-4994 Phone 06\_AUG 21 Fax Number : (305)444-4977 5 20 a ž FLORIDA/FOREIGN LIMITED LIABILITY CO. **DOLPHIN BOULEVARD, LLC** 06 AUG 2 Certificate of Status Û Certified Copy 1 Page Count 03 Estimated Charge \$155.00 Electronic Filing Menu Corporate Filing Menu Help

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

The name of the Limited Liability Company is:

### DOLPHIN BOULEVARD, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LIC," 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: 8260 NW 27 STREET 8260 NW 27 STREET # 408 # 408 DORAL, FL 33122 DORAL, FL 33122

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:

MARCELO C. ALI			
Name	,		
8260 NW 27 STR	EET #408		
Florida street add	ess (P.O. Box NOT acceptable)		

DORAL		FL	33122
	City, State, a	nd Zip	

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.

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Registered Agent's Signature (F (CONTINUED Page 1 of 2	06 AUG	SECRE TARY O DIVISION OF CORI
		) F STATE PORATIONS

# ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member

MGRM

FORTEX CONSTRUCTION INC. 8260 NW 27 STREET #408 DORAL, FL 33122

MGRM

INJUMEN CORPORATION 8260 NW 27 STREET #408 DORAL, FL 33122

Name and Address:

(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:	n n	
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$\langle \gamma \rangle$	1 ANY	
Signature of a me	mhet own anthorized representative	ofe

Signature of a member of a nember.

(In accordance with section 608.498(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 signee

### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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