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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Requester's Name Address City/State/Zip Phone #	5454	SECRETAR OF STALLAHASSEE, F	TILLID
CORPORATION NAME(S) & DOCUM		iown):	5
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2. (Corporation Name)	Properties (Document #)		,
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(Corporation Name)	(Document #)		
Walk in Pick up time		Certified Copy	
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NEW FILINGS	<u>AMENDMENTS</u>		
Profit	☐ Amendment		
Not for Profit Limited Liability	Resignation of R.A., Change of Registere		
Domestication	Dissolution/Withdra		
Other	☐ Merger		
OTHER FILINGS	REGISTRATION/QUA	LIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership		
	Reinstatement Trademark		
	Other		
,		Examiner's Initials	

CR2E031(7/97)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	Sell The
First American Capital Properties, LLC	2 2 2
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "J,C"
ARTICLE II - Address:	
The mailing address and street address of the pri	ncipal office of the Limited Liability Company's:
The maning addition and only a date pro-	
Principal Office Address:	Mailing Address:
1395 Brickell Avenue, Suite 800	1395 Brickell Avenue, Suite 800
Miami, FL 33131	Miami, FL 33131
The name and the Florida street address of the restriction. Steven Naclerio, Esq.	egistered agent are:
Name	
201 S. Biscayne Boulevard,	Suite 2400
Florida street addi	ress (P.O. Box NOT acceptable)
Miami	FL 33131
City, State, at	nd Zip
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 service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

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

Title: "MGR" = Manager "MGRM" = Managing Memb	Name and Address: er
MGR	Edmundo J. Gamas
	1395 Brickell Avenue, Suite 800
	Miami, FL 33131
MGR	Maria Sobinina
	1395 Brickell Avenue, Suite 800
	Miami, FL 33131
· 	
(Use attachment if necessary)	
TIF V. Effective data if other	than the data of filings
effective date is listed, the date	than the date of filing: (OPTIONAl must be specific and cannot be more than five business day
0 days after the date of filing.)	and the opening and the more than in the business day
REQUIRED SIGNATURE:	
	Narlin Eng.

Steven Naclerio

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

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)

that the facts stated herein are true.)