(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate:	s of Status		
Special Instructions to Filing Officer:				
Wa -36	201			
	~ 07			

Office Use Only



000076920980

08/16/06--01004--008 **125.00



TO: Registration Sec Division of Cor					
SUBJECT:	<u> </u>	Estates, L. C. d. Liability Company)	II		
The enclosed Articles of	Organization and fee(s) are su	ubmitted for filing.			
Please return all correspondence	ondence concerning this matte	r to the following:			
2	ugua o	Sominguez			
		Name of Person)	1 -		
	enellan	Estates L (Firm/Company)	L. 11.		
	POBOX.	190924			
		(Address)			
Mu	ame Beach	h, FL 33	119		
	(City	/State and Zip Code)		2006 AUG 23	SEC
For further information c	concerning this matter, please	call:		90.5	
Virginia	a Diningu	of 305, 374	-0607		SAN CONTRACTOR
(Name	of Person)	(Area Code & Daytime Tel	ephone Number)	PM 3: 00	STATE
Enclosed is a check fo	r the following amount:			5	₹
□ \$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Certificate of State Certified Copy (additional copy is enc	ıs &	,
	Mailing Aldress Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	s		



August 17, 2006

VIRGINIA DOMINGUEZ PO BOX 190924 MIAMI BEACH, FL 33119

SUBJECT: VENETIAN ESTATES, L.C. II

Ref. Number: W06000036384

We have received your document for VENETIAN ESTATES, L.C. II and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "Limited Company" or Limited Liability Company or with one of the following abbreviations Ltd. Co., LC, "L.C.," LLC, or L.L.C.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Document Specialist

Letter Number: 306A00050910

ARTICLES OF ORGANIZATION FÜR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
Venetian Es	tates II, LC
(Must end with the words "Limited Liability Company, "Limit	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1413 M Venetian Way	POBOX 190924 Mame Beach, FL
Mame, FL	Meame Beach, FL

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:

ARTICLE I - Name:

Virginia Dominguez

Name

1413 N Venetion Way

Florida street address (P.O. Box NOT acceptable)

Miami FL 33139

City, State, and 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.

Registred Agent's Signature (REQUIRED)

(CONTINUED)

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	Name and Address:	
"MGRM" = Managing Member MGR	Leus Dominguez 1413 N Venetian Mame, FL 33119	Way
MGR	Vergenia Somengue 141371 Venetian M Mamer FL 33119	Way
		<u>_</u>
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the configuration (If an effective date is listed, the date must prior to or 90 days after the date of filing.)	——————————————————————————————————————	•
REQUIRED SIGNATURE:	Amun Cu	
_	or an authorized representative of a member.	31 VIS 2006,
(In accordance with section of this document constituent that the facts stated here.)	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	DIVISION OF C
LUIS D Typ	omined name of signee	TILED RY OF STA CORPORA 3 PH 3:

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)