

L06000085927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

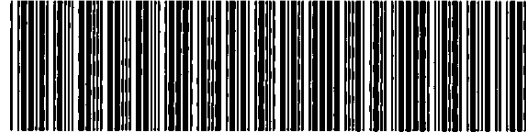
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CORPORATE FILING SERVICE
3320 SW 87TH AVENUE
MIAMI, FL 33165
305-552-5973



Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. 11070 P. L. L. C.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

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- Walk in
 Pick up time 2.00
 Certified Copy
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 Photocopy
 Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY
OF
1101 O.P., L.L.C.**

ARTICLE I - Name

The name of the Limited Liability Company is: **1101 O.P., L.L.C.**

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is: **8490 SOUTH LAKE FOREST DRIVE, DAVIE, FLORIDA 33328.**

ARTICLE III - Duration

The period of duration for the Limited Liability Company shall be: **PERPETUAL.**

ARTICLE IV - Management

The Limited Liability Company is to be managed by the member(s) and the name and address of the managing member(s) (are) (is): **TOMAS VAZQUEZ, 8490 SOUTH LAKE FOREST DRIVE, DAVIE, FLORIDA 33328.**

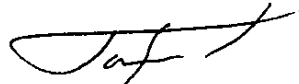
The undersigned member or authorized representative of a member of : **1101 O.P. , L.L.C.** disposes and says:

- 1) the above named limited liability company hast at least one member.

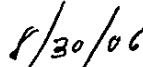
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3) if any, the agreed value of property other than cash contributed by member(s) is \$0. A description of the property is attached and made a part hereto.

4) the total amount of cash or property anticipated to be contributed by member(s) is \$50,000.00. This total includes amounts from 2 and 3 above.



NAME TOMAS VAZQUEZ



DATE

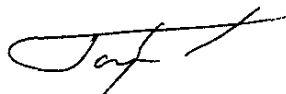
**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT OF DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

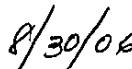
1. The name of the limited liability company is : 1101 O.P., L.L.C.
2. The name and address of the registered agent and office is: 110 O.P., L.L.C.

TOMAS VAZQUEZ
8490 South Lake Forest Drive
DAVIE, FLORIDA 33328

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.



NAME TOMAS VAZQUEZ



DATE