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SECRETARY OF STATE TALLAHASSEE, FLORIDA

Lole 100940

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Splendido Res (Name of Limited Liab	idence LLC ility Company)
The enclosed Articles of Organization and fee(s) are submitt	ed for filing.
Please return all correspondence concerning this matter to th	e following:
Bruno G. Carnes	se lla
Splendido Residence	
3380 McDonald St	-reet
MIAMI, FL 33 (City/State a	areas)
(City/State a	and Zip Code)
For further information concerning this matter, please call:	
Luis Civitron at (305) 448-8418 50 8
Enclosed is a check for the following amount:	(Area Code & Daytime Telephone Number) CRE TARY
	\$155.00 Filing Fee & \$160.00 Filing Fee tified Copy Certificate of status Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Splendido Residen	ce LLC
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3380 McDonald St. MIAMI, FL 33/33	3380 Molonald St. MIRMI, FL 33133
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Thomas (s. Name	AVENUE SSEE, FLORIDE TO
	FL 33134 "
liability company at the place designated in the registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

The name and add	dress of each Manager	or Managing Member is as follows:			
Title: "MGR" = Manage "MGRM" = Manage		Name and Address:			
MGRM		Bruno G. Carner 3380 McDonald St. MIAMI, FL 33133	se lla	<u>\</u>	
	_			- - - -	
(Use attachment is ARTICLE V: Effective d (If an effective date is list)	ate if other than the dat	te of filing: Decific and cannot be more than five b) priori
		pecific and cannot be more than five b	ASSEE, FI	٠.	
<u>REQUIRED</u> SIG			STATE ORIDA	PH 12: 50	
	Signature of a member or	an authorized representative of a member.	•		
	of this document constitute that the facts stated herei	on 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.) Or printed name of signee			
Filing Fees:					

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)