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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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03/14/07--01012--005 **130.00

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Equator Development (Name of Limited Liability Company)				
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Jorge Roberto Sanchez Arboleda				
(Name of Person)				
5239 N. Hiatus Road				
5239 N. Hiatus Hoad Sunrise Florida 33351 (City/State and Zip Code)				
(City/State and Zip Code)				
For further information concerning this matter, please call: Torge Roberto Sanchez A at (954) 540 - 8991 (Name of Person) (Area Code & Daytime Telephone Number)				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee \$\bigsim \frac{1}{20}\$\$ \$130.00 Filing Fee & \$\bigsim \frac{1}{20}\$\$ \$155.00 Filing Fee & \$\bigsim \frac{1}{20}\$\$ \$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)				
Mailing Address Street/Courier Address				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	;	
Equator Developi	ment 116	
(Must end with the words "Limited Liability Company, "Limited	i Company" or their abbreviation "	LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited	d Liability Company is:
Principal Office Address:	Mailing Address:	
5239 N. Hiatus Road Sunrise Florida 33351	6310 NW 3	8 Drive Tocido 33067
	/	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registatusiness entity with an active Florida registration.)		
The name and the Florida street address of the real Sorge Roberto S	~ / * # / / /	
6310 NW	38 Drive	
Florida street add	ress (P.O. Box NOT acceptable))
Losal Spinas City, State, a	FL 33067 nd Zip	•
Having been named as registered agent and to a 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 the obligations of my position as regis	his certificate, I hereby acce i. I further agree to comply rformance of my duties, and	pt the appointment as with the provisions of al I I am familiar with and
E South !	Total Control	
Registered Agent's Signat	ure (REQUIRED)	Acc 2
		2007 MAR SECRETA
(CONTIN		SSE I
Page 1 of 2		mo _

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 Member Plesident-CEO Secratory Vice-pasient-COO Chairman of 13 and Alakkam T Chairman of 13 and Alakkam T Chairman of 13 and Alakkam T Cotal Springs, Fl 3366/ CFO - Director Teasurer Director Director Director Director Director Director Use attachment if necessary) Anagement is as follows: Name and Address: Name and Address Name and Address Name and Address Na

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(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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Z007 MAR 14 PH 1: 30
SECRETARY OF STATE