## L01000030441

(Re	equestor's Name)	
(Ad	ldress)	
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(, ,,,		
(Cit	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Dc	cument Number)	····
(50	our one rumber,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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O7 MAR 20 PH 2: 36 SECRETARY OF STATE TAIL LAHASSEE, FLORID

## **COVER LETTER**

TO: Registration S Division of C				
SUBJECT: PIRS	A DEVELOPERS (Name of Limite	GROUP, LL d Liability Compa		
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing	•	
Please return all corres	pondence concerning this matte	er to the following:	:	
Alejandro	o Perez			
	(	Name of Person)		
PIRSA M	IIAMI, CORP.			
	(	Firm/Company)		
5000 SV	V 75 Ave. Suite 2	204		
		(Address)		
MIAMI,	FL 33155			
	(City	/State and Zip Code)	)	
For further information	concerning this matter, please	call:		
Alejandro F	erez	at ( 305	663 06 <sup>-</sup>	73
	e of Person)			elephone Number)
Enclosed is a check t	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporation	าร

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin		Company is:		
	EVELOPERS ( "Limited Liability Co	GROUP, LLC ompany, "Limited Company" or their abbreviation "LLC,	"or "L.C.,")	
ARTICLE II - Add The mailing address		ess of the principal office of the Limited Li	ability Company	is:
Principal Office A	ddress:	Mailing Address:		
5000 SW 75 Ave. S Miami, FL 33155	Suite 204	5000 SW 75 Ave. Suite 204 Miami, FL 33155		
(The Limited Liability Co. business entity with an ac	mpany cannot serve a ctive Florida registrati lorida street add PIRSA MIAN 5000 SW 7	lress of the registered agent are:		FILED
	MIAMI	FL 33155	DA TE	
		City, State, and Zip		
liability compan registered agent an statutes relating to	y at the place de d agree to act in o the proper and	gent and to accept service of process for the signated in this certificate, I hereby accept the this capacity. I further agree to comply with complete performance of my duties, and I an ition as registered agent as provided for in C	ne appointment as the provisions of n familiar with an	s f all nd

(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:

<u>Title:</u> "MGR" = Mana; "MGRM" = Mar		Name and Address:	
MGR	_	GRUPO INMOBILIARIO PIRSA, SL Plaza de Pasaron No. 1 Bajos 36006 Pontevedra. Galicia. SPAIN	
<del></del>			
(Use attachment RTICLE V: Effective f an effective date is list or 90 days after the d	date, if other than the dated, the date must be s	nte of filing: (pecific and cannot be more than five bu	OPTIONAL) isiness days pr
<u>REQUIRED</u> SI	<b>J</b> ,	) ′ _	O7 MA SECKI
	Signature of a member of	or an authorized representative of a member.	MAR 20 PH 2: 36  ORLIANY OF STATE LLAHASSEE, FLORID
	(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury	11 CO 12

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)