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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
, ,	
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Certified Copies Certificates of Statu	s
Special Instructions to Filing Officer:	
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SECRETARY OF STATE DIVISION OF THE LATION

## **COVER LETTER**

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TO:	Registration Se Division of Co				
SUBJE	<sub>CT:</sub> <u>Orella</u>	na Property Investm			
		(Name of Limited	d Liability Compa	ny)	
The en	closed Articles o	f Organization and fee(s) are so	abmitted for filing		
Please	return all corresp	ondence concerning this matte	r to the following:		
	Henry Igle	esias			
	· · · · · · · · · · · · · · · · · · ·		Name of Person)	····	
		(	Firm/Company)	<u>:</u>	·
	7510 Nor	th Hale Avenue			
•			(Address)		
	Tampa, F	Florida 33614			
,			State and Zip Code)	)	
For fur	ther information	concerning this matter, please	call:		
		,,, <sub>F</sub>			
Heni	y Iglesias		at (813	361-597	76
	(Name	of Person)	(Area Code	& Daytime To	elephone Number)
Enclos	ed is a check fo	or the following amount:			
□\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fill Certified Copy (additional copy is	,	S160.00 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 Corporatio	ns

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

Orellana Property Investments, LLC			
(Must end with the words "Limited Liability Company, "	Limited Company" or their abbreviation "LLC," or ".	L.C.,")	
	,	, ,	
ARTICLE II - Address:			
The mailing address and street address of the	ne principal office of the Limited Liabili	ity Compar	ny is:
Principal Office Address:	Mailing Address:		
7510 North Hale Avenue	7510 North Hale Avenue		
Tampa, Florida 33614	Tampa, Florida 33614		
(The Limited Liability Company cannot serve as its own I business entity with an active Florida registration.)  The name and the Florida street address of I Henry Iglesias		07 MAR	SECRE!
N	ame	28	
7510 North Hale Ave	enue	. <b>3</b> 2	
Florida stree	et address (P.O. Box NOT acceptable)	-	\$ 00 \$ 00
Tampa	FL 33614	0.1	VIII VII
City, St	ate, and Zip		 ₩

(CONTINUED)
Page 1 of 2

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

## **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 "MGRM" = Managing Member	Name and Address:	
MGR	Henry Iglesias 7510 North Hale Avenue Tampa, Florida 33614	
<del></del>		
	-	
·		
(Use attachment if necessary)  ARTICLE V: Effective date, if other than to an effective date is listed, the date must to or 90 days after the date of filing.)	the date of filing: (OPT	IONAL) ss days prior
REQUIRED SIGNATURE:	Sur Many >	
(In accordance with	nber or an authorized representative of a member.  section 608.408(3), Florida Statutes, the execution	
of this document co that the facts state	enstitutes an affirmation under the penalties of perjury ed 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)