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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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### **COVER LETTER**

TO: Registration Se Division of Co				
subject: Reneg	gade At Oakland F			
	(Name of Limited	d Liability Company)		
		•		
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
Luis Macl	nado			
	(1	Name of Person)		_
Renegade	e At Oakland Parl	k, LLC		
	(	Firm/Company)		2
P.O. Box	520682		į	OT MPR 26 PH 12: 01 SECRETISSEE FLORID SECRETISSEE FLORID
		(Address)		疆 3 后
Miami, F	l 33152-0682		·	第 呈
<del></del>	(City	/State and Zip Code)		ETO EST D:C
For further information	concerning this matter, please	call:		
Luis Machado		at ( 305 ) 596-050		
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:

#### RENEGADE AT OAKLAND PARK, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

#### **ARTICLE II - Address:**

Principal Office Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Mailing Address:

IOD I I NOTHI KEL	ndall Drive	P.O. Box 520682
Suite C 205		Miami, FI 33152-0682
Miami, FI 33176		
The Limited Liabilit		ent, Registered Office, & Registered Agent's Signature: we as its own Registered Agent. You must designate an individual or another stration.)
The name and th	ne Florida street a	address of the registered agent are:
	Luis Machae	do
	Luis Machad	do Name
	10511 Nort	Name
	10511 Nort	Name th Kendall Drive Suite C 205

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 as provided for in Chapter 608, F.S..

Registered Agent's Signature (REOU/RED)

CONTINUED)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Luis Machado P.O. Box 520682 Miami, FI 33152-0682 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: April 20,2007 \_. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) 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

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Luis Machado

that the facts stated herein are true.)

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