

607 0000 44963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

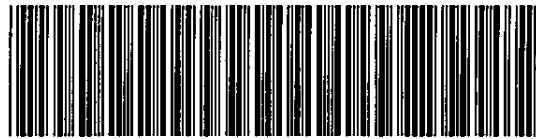
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800098742668

04/26/07--01044--015 \*\*155.00

FILED  
2007 APR 26 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

607-44963  
AR

APPROVED  
4-20-07

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Renegade At Delray, LLC  
(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:

Luis Machado

(Name of Person)

Renegade At Delray, LLC

(Firm/Company)

P.O. Box 520682

(Address)

Miami, Florida 33152-0682

(City/State and Zip Code)

For further information concerning this matter, please call:

Luis Machado

(Name of Person)

at ( 305 ) 596-0505

(Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2007 APR 26 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

RENEGADE AT DELRAY, 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 principal office of the Limited Liability Company is:

#### Principal Office Address:

10511 North Kendall Drive

Suite C 205

Miami, FL 33176

#### Mailing Address:

P.O. Box 520682

Miami, FL 33152-0682

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Luis Machado

Name

10511 North Kendall Drive Suite C 205

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33176

City, State, and Zip

*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 (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 APR 26 PM 1:49

FILED

EXPIRATION DATE

4-28-07

**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

**Name and Address:**

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 that the facts stated herein are true.)

Luis Machado

\_\_\_\_\_  
Typed or printed name of signer

2007 APR 26 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)