# L0700007/305

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2007 JUL -9 D 2: 46 SECRETARY OF STATE LLAHASSEE, FLORIGA

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# **COVER LETTER**

TO:	Registration Division of C						
SUBJE	ECT. BODE	EGAS DORAL, LLC	<b>;</b>				
SODSE		(Name of Limit	ed Liability Compa	ny)			
The en	closed Articles	of Organization and fee(s) are	submitted for filing	<b>;</b> ,			
Please	return all corres	pondence concerning this matt	er to the following	:			
	ARMAND	O PEREZ-ALEMA	N				
			(Name of Person)		<del>-</del>	<del></del>	
			(Firm/Company)			<del></del>	
	10690 SV	W 7 TERRACE			T		
	10000001	77.121.10.02	(Address)		SFC BI		
	MIAMI F	I 3317 <u>4</u>			AHA AT TA	, ; 	
	MIAMI, FL 33174  (City/State and Zip Code)						
					다 있다. 다 있다.		
For fur	ther information	n concerning this matter, please	call:		2: 46 TATE _GRID		
ARN	MANDO P	EREZ-ALEMAN	<sub>st./</sub> 305	442-1439	DFI 6		
	(Nam	ne of Person)	(Area Code	& Daytime Telephone	Number)		
<b>7</b> 7 1		C					
_		for the following amount:					
<b>⊻</b> .\$125.	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	L\$155.00 Filin Certified Cop		0.00 Filing Fee tificate of Statu		
			(additional copy		tified Copy litional copy is enc	losed)	
				(			
	Mailing Address Street/Courier Address Registration Section Registration Section						
		Division of Corporations	Division	of Corporations			
		P.O. Box 6327 Tallahassee, FL 32314	Clifton B 2661 Exe	uilding cutive Center Circle			
			Tallahass	ee, FL 32301			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Principal Office Address:

10690 S.W. 7th Terrace

City, State, and Zip:

## **BODEGAS DORAL, 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:

Mailing Address:

10690 S.W. 7th Terrace

Miami, FL 33174	Miami, FL 33174			
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own Registered	stered Office, & Registered Age Agent, You must designate an individual or	nEsSi application	sings ent	e: ity with a
active Florida registration.)  The name and the Florida street address of the reg		£Ř		<u> </u>
	TARY I	- q	m	
Name:	Armando Perez-Aleman	E.FL	U	Ö
Florida street address (P.O. Box NOT acceptable)	): 10690 SW 7" Terrace	SET I	Ċ	

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, FS.

rmando Peréz-Aleman

Miami, FL 33174

Registered Agent's Signature (REQUIRED) 5

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Manager Name and Address: Armando Perez-Aleman 10690 SW 7<sup>th</sup> Terrace Miami, FL 33174

ARTICLE V: Effective date, if other than the date of filing: (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.)

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 that affirmation under the penalties of perjury that the facts stated herein are true.)

Armando Perez-Aleman
Typed or printed name of signee

Prepared by: Roberto F. Fleitas, Jr., 782 NW Le Jeune Rd., # 530 Miami, Florida 33126 (305) 442-1439