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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: |   |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Requestor's Name)                      |  |  |  |  |  |  |
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                               |  |  |  |  |  |  |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |   |  |  |  |  |  |  |
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| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  |   |  |  |  |  |  |  |
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| (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   |   |  |  |  |  |  |  |
| (Document Number)  Certified Copies Certificates of Status   | PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
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| (Document Number)  Certified Copies Certificates of Status   | (Business Entity Name)                  |  |  |  |  |  |  |
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| Special Instructions to Filing Officer:  | Certified Copies Certificates of Status |  |  |  |  |  |  |
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SECRETARY OF STATE ALLAHASSEE, FLORIDA

#### **COVER LETTER**

| 10:   | Division of Corp       |  |   |   |        |  |  |
|---|------------------------|--|---|---|--------|--|--|
| SUBJE   | CT: CORA               | L BAY MANOR                                | RB, LLC   |   |        |  |  |
|   |                        | (Name of Lin                               | nited Liability Company)  |   |        |  |  |
|   |                        |  |   |   |        |  |  |
| The enc   | losed Articles of      | Amendment and fee(s) are sul               | bmitted for filing.   | •   |        |  |  |
| Please r  | eturn all correspo     | ndence concerning this matter              | r to the following:   |   |        |  |  |
|   | ļ                      | PATRICIA E. AI                             | LECIO   |   |        |  |  |
|   |                        |  | (Name of Person)  |   |        |  |  |
| LAW OFFICE OF JONATHAN H. GREEN & ASSOCIATES P.A.         |                        |  |   |   |        |  |  |
|   |                        |  | (Firm/Company)  | ZOOT<br>SEC   |        |  |  |
| 799 BRICKELL PLAZA, SUITE 700 물 음                         |                        |  |   |   |        |  |  |
| 799 BRICKELL PLAZA, SUITE 700  (Address)  MIAMI, FL 33131 |                        |  |   |   |        |  |  |
| MIAMI, FL 33131   |                        |  |   |   | FILED  |  |  |
|   |                        | (1   | City/State and Zip Code)  | 3: 32<br>STATE<br>LORID/  |        |  |  |
| For furt  | her information co     | oncerning this matter, please              | call:   | A   |        |  |  |
| PATRICIA E. ALECIO (305) 372-5100                         |                        |  |   |   |        |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)   |                        |  |   |   |        |  |  |
| Enclosed  | d is a check for the t | following amount:                          |   |   |        |  |  |
| <b>☑ \$</b> 25.0  | 00 Filing Fee          | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enc | losed) |  |  |
|   |                        |  |   |   |        |  |  |

#### 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I**

#### **NAME**

The name of the Limited Liability Company is:

CORAL BAY MANOR B, LLC

#### **ARTICLE II**

#### **ADDRESS**

The mailing address and street address of the principal office of CORAL BAY MANOR B, LLC is:

21802 SW 134 Avenue Miami, Florida 33170

#### **ARTICLE III**

### REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Registered Agent are:

2001 OCI 30 P 3: 32
SECRETARY OF STATE
TALL ANASSEE FLORINA

Jonathan H. Green & Associates, P.A. 799 Brickell Plaza, Suite 700 Miami, FL 33131

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.

Jonathan H. Green, Registered Agent

#### **ARTICLE IV**

#### **MANAGEMENT**

CORAL BAY MANOR B, LLC is to be managed by one (1) member and is, therefore, a single member managed company. The name and address of the Managing Member is as follows:

NEIL PERELLO, Manager/Member

21802 SW 134 Avenue Miami, Florida 33170

NEIL PERELLO, Manager/Member

SECRETARY OF STATE