

L08000008479

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000018808 3)))



H080000188083ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

L. SELLERS

JAN 24 2008

FAC FAX

FLORIDA/FOREIGN LIMITED LIABILITY CO.

3130 nw 29 street, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

08 JAN 23 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 23 AM 11:29

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

L. SELLERS

JAN 24 2008

H080000018808

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3130 NW 29 STREET, LLC

ARTICLE II - Address:

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

Principal Office Address:

12911 SW 117 Street
Miami, FL 33186

Mailing Address:

12911 SW 117 Street
Miami, FL 33186

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

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

LINDA PERLA EISENMAN LEE

Name

12911 SW 117 Street

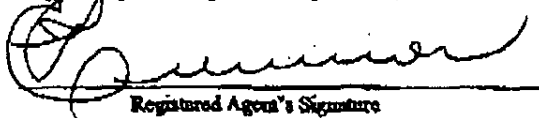
Florida street address (P.O. Box NOT acceptable)

MIAMI

FLORIDA 33186

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, Florida Statutes.


Registered Agent's Signature

Page 1 of 2
(CONTINUED)

H080000018808

2008 JAN 23 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H03000018808

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:

MGR

LINDA PERLA EISENMAN LEE

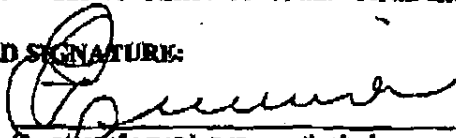
12911 SW 117 Street

Miami, FL 33186

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

LINDA PERLA EISENMAN LEE

Typed or printed name of signer

Page 2 of 2

H03000018808

2008 JAN 23 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED