

LO800001/500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

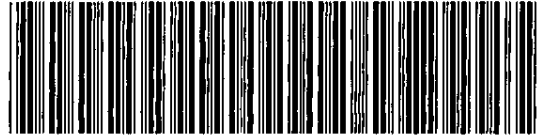
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000116529630

01/31/08--01022--015 **500.00

FILED
08 JAN 31 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 31 2008

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 9 MEADOW WOOD, 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:

Mrs. Sandra L. Green
(Name of Person)

Jonathan H. Green & Associates, P.A.
(Firm/Company)

799 Brickell Plaza, Suite 700
(Address)

Miami, Florida 33131
(City/State and Zip Code)

FILED
08 JAN 31 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mrs. Sandra L. Green at (**305**) **372-5100**
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

CORPORATE NAME

The name of the Limited Liability Company is:

9 MEADOW WOOD, LLC

ARTICLE II

ADDRESS

The mailing address and street address of the principal office of 9 MEADOW WOOD, LLC
is:

14000 SW 240 Street
Homestead, Florida 33032

ARTICLE III

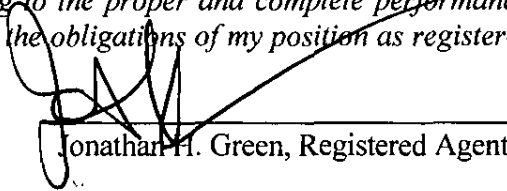
REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

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

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

FILED
08 JAN 31 AM 11: L7
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9 MEADOW WOOD, LLC is to be managed by a single member and is, therefore, a single member managed company. The names and address of the Managing Member is as follows:

ASHNOVA FAMILY LIMITED LIABILITY LIMITED PARTNERSHIP, **Manager/Member**
14000 SW 240 Street
Homestead, Florida 33032



NOEL RODRIGUEZ, as General Partner



MARISELA RODRIGUEZ, as General Partner

FILED
08 JAN 31 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA