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**EXAMINER** 

### COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: 1236 GARIBALE		
(Name	of Limited Liability Company)	
The enclosed Articles of Organization and fe		
Please return all correspondence concerning	this nutter to the following:	
Mrs. Sandra L. Gree	en	
	(Name of Person)	
Jonathan H. Green		
	(Firm/Company)	
799 Brickell Plaza,	Suite 700	<b>_</b>
	(Address)	NEC C
Miami, Florida 3313		RETA AHAS
	(City/State and Zip Code)	RY C
For further information concerning this matter	er, please call:	HII: L
Mrs. Sandra L. Green	at ( 305 ) 372-5100	<b>D</b> .n -1
(Name of Person)	(Area Code & Daytime Telephone Nun	nber)
Enclosed is a check for the following am	ount:	
\$125.00 Filing Fee \$130.00 Filing Certificate of St	tatus Certified Copy Certific (additional copy is enclosed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 3.	orations Division of Corporations Clifton Building	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I**

#### **CORPORATE NAME**

The name of the Limited Liability Company is:

1236 GARIBALDI STREET, LLC

#### **ARTICLE II**

#### **ADDRESS**

The mailing address and street address of the principal office of 1236 GARIBALDI STREET, 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 08 JAN 31 AM 11: L7
SECRETARY OF STATE
TALLAHASSEE, FLORIO

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**

1236 GARIBALDI STREET, 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

MARISHLA RODRIGUEZ, as General Partner

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SECRETARY OF STATE
TALLAHASSEF FI CONTA