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DIVISION OF CORPORATION

G. MCLEOD

MAY = 5 2008

EXAMINER

COVER LETTER

Division of Co			
SUBJECT: TIMBE	ERWOOD61, LLC		
		d Liability Comp	any)
The enclosed Articles of	of Organization and fee(s) are s	ubmitted for filing	g.
Please return all corres	pondence concerning this matte	er to the following	;
MARTHA	E. DE IZAGUIRRE		
	(Name of Person)	
TIMBERV	VOOD61, LLC		
	((Firm/Company)	
12270 SV	V 45 Street		
		(Address)	
Miami, Fig	orida 33175		
· · · · · · · · · · · · · · · · · · ·	(City	State and Zip Code	;)
For further information	concerning this matter, please	call:	,
Martha E. Dela	zaguirre	at (305	551-2016
(Nume	of Person)	(Area Cod	e & Daytime Telephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	S130.00 Filing Fee & [Certificate of Status	\$155.00 Filin Certified Co (additional copy	py Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registrati Division Clifton B 2661 Exc	ourier Address on Section of Corporations uilding centive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Com	pany is:	
TIMBERWOOD61, LLC.		
(Must end with the words "Lim	ited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of	of the principal office of the Limited Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
12270 SW 45 Street	12270 SW 45 Street	
Mlami, Florida 33175	Miami, Florida 33175	
ARTICLE III - Registered Agent, Re (The Limited Liability Company cannot serve as its obusiness entity with an active Florida registration.)	gistered Office, & Registered Agent's Sign wn Registered Agent. You must designate an individual o	r another
The name and the Florida street address	of the registered agent are:	SECRE Vision B B May
Martha E. Delz	aguirre	
	Name	~ 555
12270 SW 45 S	Street	
Florida	street address (P.O. Box NOT acceptable)	ထု သို့တို
Miami, Florida	33175 _{FL}	24 AH
City	, State, and Zip	Q171

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Mana "MGRM" = Mai	
MGR	MARTHA E. DE IZAGUIRRE
WOK	12270 SW 45 Street
	Miami, Florida 33175

(Use attachment	f necessary)
LE V: Effective	late, if other than the date of filing: (OPTI
fective date is lis	date, if other than the date of filing: (OPTICLE).
LE V: Effective	date, if other than the date of filing: (OPTICLE).
LE V: Effective fective date is lis days after the d	date, if other than the date of filing: (OPTICLE, the date must be specific and cannot be more than five business te of filing.)
LE V: Effective fective date is lis days after the d	date, if other than the date of filing: (OPTICLE, the date must be specific and cannot be more than five business te of filing.)
LE V: Effective fective date is lis days after the d	date, if other than the date of filing:
LE V: Effective lective date is lis	date, if other than the date of filing:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)