

L08000051768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

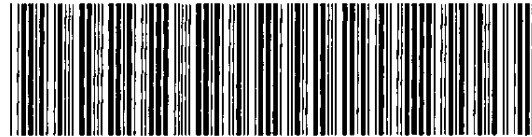
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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RECEIVED  
08 MAY 23 PM 3:51  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 MAY 23 AM 9:34  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR  
MAY 27 2008  
EXAMINER



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**HOLD**  
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May 23, 2008

**CORPORATION NAME (S) AND DOCUMENT NUMBER (S):**

Isle de la Gonave LLC

**Filing Evidence**

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

**Retrieval Request**

- ☐ Photocopy
- ☐ Certified Copy

**Type of Document**

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

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TALLAHASSEE, FLORIDA

| NEW FILINGS |                   |
|-------------|-------------------|
|             | Profit            |
|             | Non Profit        |
| X           | Limited Liability |
|             | Domestication     |
|             | Other             |

| AMENDMENTS |                                    |
|------------|------------------------------------|
|            | Amendment                          |
|            | Resignation of RA Officer/Director |
|            | Change of Registered Agent         |
|            | Dissolution/Withdrawal             |
|            | Merger                             |

| OTHER FILINGS |                  |
|---------------|------------------|
|               | Annual Reports   |
|               | Fictitious Name  |
|               | Name Reservation |
|               | Reinstatement    |

| REGISTRATION/QUALIFICATION |                   |
|----------------------------|-------------------|
|                            | Foreign           |
|                            | Limited Liability |
|                            | Reinstatement     |
|                            | Trademark         |
|                            | Other             |

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

FILED  
08 MAY 23 AM 9:34  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**Isle De La Gonave LLC**

**ARTICLE II – Address:**

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

**Principal Office Address:**

4535 Sabal Palm Road  
Miami, Florida 33135

**Mailing Address:**

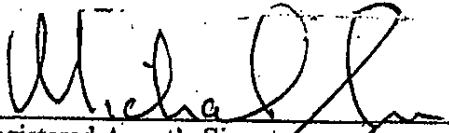
4535 Sabal Palm Road  
Miami, Florida 33135

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's  
Signature:**

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

Michael Szucs  
4535 Sabal Palm Road, Miami, Florida 33135

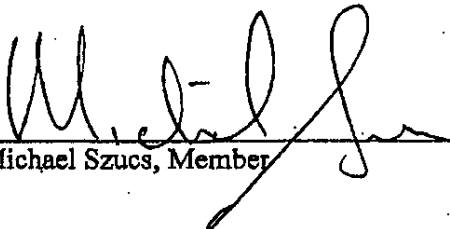
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

**ARTICLE IV – Manager(s) or Managing Member (s):**

The name and address of each Manager or Managing Member is as follows:

| <b><u>Title:</u></b><br>"MGR" = Manager<br>"MGRM" = Managing Member | <b><u>Name and Address:</u></b>                               |
|---|---|
| <b>MGRM</b>   | Michael Szucs<br>4535 Sabal Palm Road<br>Miami, Florida 33135 |
|   |   |

  
\_\_\_\_\_  
Michael Szucs, 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.)

**Filing Fees:**

**\$100.00 Filing Fee for Articles of Organization**

**\$25.00 Designation of Registered Agent .**

**\$30.00 Certified Copy (Optional)**

**\$5.00 Certificate of Status (Optional)**