LU8000056014

(Requestor's Name) (Address) (Address)	100130889751
(City/State/Zip/Phone #)	06/06/0801010013 **155.00
PICK-UP WAIT MAIL (Business Entity Name)	
, (Document Number)	ν.
Certified Copies Certificates of Status	RECE B July-R
Special Instructions to Filing Officer:	RECEIVED OBJUN-6 ANII: 21 ONLY OF ANII: 21
r	FECTIVE DATE 6/3/08
Office Use Only	PALL OR

B. KOHR

JUN - 6 2008

EXAMINER

OB JUN-6 PH 3: 15

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

EFFECTIVE DATE 6/3/0X

B JUN-6 PH 3: 15

•		Office Use Only
PRPORATION NAME(S) & DOCU	MENT NUMBER(S), (i	if known):
ROCHES F (Corporation Name)	POPERTY (Document(#)	LLC
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
(Corporation Name)	(Document #)	
Walk in Pick up time	2.00	Certified Copy
Mail out Will wait	☐ Photocopy	Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment	
OTHER FILINGS	REGISTRATION/	<u>QUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	ship
		Examiner's Initials

ARTICLES OF ORGANIZATION FOR I	
ARTICLE 1 - Name:	ability Company, "L.L.C.," or "LLC.")
The name of the Limited Liability Company	is: 5 5 5 5
The hame of the Emitted Entonity Company	SET PLO
D 1 D 110	جي پ
Roches Property LLC	
(Must end with the words "Limited Liz	ability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	V
	principal office of the Limited Liability Company is:
	
Principal Office Address:	Mailing Address:
15045 SW 31 Ter	45045 OW 24 Ton
Miami, FL 33185	15045 SW 31 Ter Miami, FL 33185
Wildrig, 1 L 00 100	Wildriff, T.E. OOTOO
The name and the Florida street address of the Orlando Roche	e registered agent are:
Naria Vacina	me
45045 OW 04 T	
15045 SW 31 T	er
	address (P.O. Box NOT acceptable)
Miami, FL 3318	
City, Stat	te, and Zip
liability company at the place designated i registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S
	frature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

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

Name and Address:
15045 SW 31 Ter
Miami, FL 33185
15045 SW 31 Ter
Miami, FL 33185

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.)

Orlon Lo Q, Keche.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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