Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H08000159001 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone

: (305)552-5973

: (305)220-1440

Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

ENLACE INMOBILIARIO GROUP LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

1 F 1

6/24/2008 3:41 PM

FROM : LAZARUS 850-817-8381

FAX NO. :3052201440 6/25/2008 8:52 PAGE 001/001 Florida Dept of State

Jun. 25 2008 10:26AM P2



ine 25, 2008

\ZARUS

FLORIDA DEPARTMENT OF STATE Division of Corporations

1 BJECT: ENLACE INMOBILIARIO GROUP LLC

) IF: W08000030499

V: received your electronically transmitted document. However, the

comment has not been filed. Please make the following corrections and

infax the complete document, including the electronic filing cover sheet.

(int read the Registered Agents and MGRM name is it Roman Roman?

I ease return your document, along with a copy of this letter, within 60

cays or your filing will be considered abandoned.

1 you have any questions concerning the filing of your document, please

c 11 (850) 245-6067.

N yaa Culligan

I cument Specialist

FAX Aud. #: H08000159001

Letter Number: 908A00038250

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

H08000159001

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ENLACE INMOBIL (Must end with the words "Limited Li ARTICLE II - Address: The mailing address and street address of the	ability Company, "L.I.C.," or "LLC.") principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1451 5. Miani Avance #411 Miani 72 32130	70 BOX 310788 Miami FC 33231
	red Office, & Registered Agent's Signature: egistered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own Re	egialered Agent. You must designate an individual or another
(The Limited Lightlity Company cannot serve as its own Rebusiness entity with an active Plorida registration.) The name and the Florida street address of the	egialered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its own Rebusiness entity with an active Plorida registration.) The name and the Florida street address of the ROMAN ROM	me registered agent are:

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 figure's Signature (REQUIRED

(CONTINUED)
Page 1 of 2

H08000159001

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

H08000159001

<u> Title:</u> "MGR" = Manag	- -	Name and Address:
"MGRM" = Man	er aging Member	
MERM.		Roman Roman 1451 Spalion Rome #411
* *************************************	ni, nia	•
·	(* 1.1. ² fe	· · · · · · · · · · · · · · · · · · ·
	•	
•		
(Use attachment i	f necessary)	·
(Use attachment i	••	ate of filing: (OPTIONAL)
LE V: Effective of	late, if other than the de ed, the date must be s	ate of filing: (OPTIONAL) specific and cannot be more than five business days pr
LE V: Effective of	late, if other than the de ed, the date must be s	<u> </u>
LE V: Effective of fective date is list days after the da	date, if other than the diced, the date must be site of filing.)	<u> </u>
LE V: Effective of	date, if other than the diced, the date must be site of filing.)	<u> </u>
LE V: Effective of fective date is list days after the da	date, if other than the diced, the date must be stee of filing.)	specific and cannot be more than five business days pr
LE V: Effective of fective date is list days after the da	date, if other than the direct, the date must be so the of filing.) GNATURE: Signature of a premier of the secondance with section.	or apauthorized representative of a member. on 608.408(3), Florida Statutes, the execution affirmation under the penalties of perjury
LE V: Effective of fective date is list days after the da	date, if other than the diced, the date must be steed, the date must be steed filing.) GNATURE: Signature of a premier of this document constitution that the facts stated her	or au authorized representative of a member. on 608,408(3), Florida Statutes, the execution affirmation under the penalties of perjury

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

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

Page 2 of 2

H08000159001