Public Access System

## Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

## MEDINA LAND HOLDINGS NO. 2, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

T. CLINE

OCT 3 1 2008

EXAMINER

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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
MEDINA LAND A (Must end with the words "Limited Lie	OLDINGS No. 2, LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6605 NW 74 Ave. MIAMI, FZ 33166	Same
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve so its own Registeress entity with an active Florida registration.)	red Office, & Registered Agent's Signature:  Bistored Agent. You must designed an individual or another  PER AGENT  PER A
The name and the Florida street address of the	e registered agoni arc:
RAUL MED	INA JR
6405 NW	- C - C - C - C - C - C - C - C - C - C
	ddress (P.O. Box NOT acceptable)
MIAMI	EL 33/66
City, State	
Effection from consent and a second account to	

Howing 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, P.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

MGRM	RAUL MEDINA, JR. 6605 NW 74 AVE MIAMI FZ 33166
	75 C
(Use attachment if necessary)	2008 OCT 30 SECRETAR TALLAHASS
ARTICLE V: Effective date, if other than the date (If an effective date is listed, the date must be specto or 90 days after the date of filing.)	of filing: (OPTIONAL) sific and cannot be more than five business days pear CORNEL STATE ORDER
REQUIRED SIGNATURE:	D.B. 9

Signature of a member or an authorized representative of a momber.

(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.)

CAUL MEDIWA Typed or printed name of signee

Name and Address:

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)

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

Title:

"MOR" = Manager

"MGRM" = Managing Member

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

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