## 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.

(((H09000084783 3)))



H090000847833ABC8

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

To:

Division of Corporations

Fax Number : (850) 617-6383

, (500,02, 550

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: 120000000146
Phone: (305)444-4994

Phone : (305) 444-4994 Fax Number : (305) 444-4977

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

### PREFERRED MANAGERS, LLC

RECEIVED
9 APR -9 PH 3: 26

. . . .

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 03

 Estimated Charge
 \$155.00

A. LUNT

APR: 10 2009

Electronic Filing Menu

Corporate Filing Menu

EXAMINER

https://efile.sunbiz.org/scripts/efilcovr.exe

04/09/2009

ECER

€6:6 e00S e0 ¬9A

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

ARTICLE I -	Name:
The name of th	ne Limited Liability Company is:
PREFERR	ED MANAGERS, LLC
<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC."

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

265 UNIVERSITY DRIVE CORAL GABLES, FL 33134

Principal Office Address:

255 UNIVERSITY DRIVE CORAL GABLES, FL 33134

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Plorida registration.)

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

OSCAR A. GARCIA

Name

255 UNIVERSITY DRIVE

Fiorida atreet address (P.O. Box NOT acceptable)

CORAL GABLES

33134

Mailing Address:

City, State, and Zip

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

66:6 800S 80 agA

## (((H09000084783)))

Title: "MGR" = Manager "MGRM" = Manager		Name and Address:
MGR		D & O DEVELOPMENT, INC.
	-	255 UNIVERSITY DRIVE
		CORAL GABLES, FL 33134
	-	
	-	
<del>,,</del>	-	
	necessary)	
(Use attachment if		
CLE V: Effective da	d, the date must be	date of filing:
CLE V: Effective da	d, the clate must be e of filing.)	e specific and cannot be more than five business days price of ALLAHASSES
CLE V: Effective da ffective date is listed days after the date REOUIRED SIGN	d, the clate must be of filing.)	e specific and cannot be more than five business days price of ALLAHASS

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

86:6 800S 80 79A

Filing Fees: