

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.

(((H090001153883)))



H090001153883ABC2

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 : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124 Fax Number : (561)455-9885

09 HAY -7 AM 8: 08

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

#### HEDA ROMA PARTNERSHIP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

W09-21439

Electronic Filing Menu

Corporate Filing Menu

Help
J. BRYAN
MAY - 8 2009

4.09000115388.3



May 7, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSH SERVICES, LLC

SUBJECT: HEDA ROMA PARTNERSHIP LLC

REF: W09000021439

SECRETARSEE FLORIDGE OF THE PROPERTY OF FLORIDGE OF THE PROPERTY OF FLORIDGE OF THE PROPERTY O

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "PARTNERSHIP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II FAX Aud. #: H09000115388 Letter Number: 009A00015454

RECEIVED

09 MAY -7 PM 1: 27

SECTION OF STATE

TALLAHASSEE, FLORIDA

4-09000115388-3

H090001153883

# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

#### ARTICLE I NAME

The name of the Limited Liability Company is:

HEDA ROMA PARTNERS LLC

#### ARTICLE II ADDRESS

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

782 LAKE BOULEVARD WESTON, FLORIDA 33326

## ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

SERGIO ELBAUM 782 LAKE BOULEVARD WESTON, FLORIDA 33326

Having been named as registered agent 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.

SERGIO ELBAUM / Registered Agent's signature

PAGE 2 HEDA ROMA PARTNERS LLC

H0900000153883 7 1 1 2 8:08

#### ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

#### ARTICLE V MEMBERS (optional)

MANAGER MANAGER

RUBEN MARCELO RODRIGUEZ RODOLFO EDUARDO CARLINI

782 LAKE BOULEVARD 782 LAKE BOULEVARD

WESTON, FLORIDA 33326 WESTON, FLORIDA 33326

MANAGER MANAGER

DANIEL OSVALDO CAMINO HERNAN GASTON PADILLA

782 LAKE BOULEVARD 782 LAKE BOULEVARD

WESTON, FLORIDA 33326 WESTON, FLORIDA 33326

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.

RUBEN MARCELO RODRIGUEZ