

L09000071271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

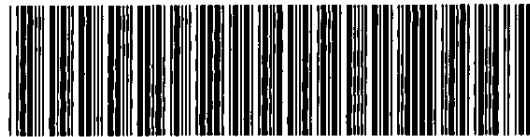
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/28/09--01011--001 **55.00

06/17/09--01029--008 **1500.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 JUL 24 AM 10:19

B. Tabor JUL 24 2009

MURAI WALD BIONDO & MORENO
PROFESSIONAL ASSOCIATION
ATTORNEYS AT LAW

July 23, 2009

Via FedEx

State of Florida
Division of Corporations
New Filing Section LLC
2661 Executive Center Circle
Tallahassee, Florida 32301

Attention: Brenda Tadlock

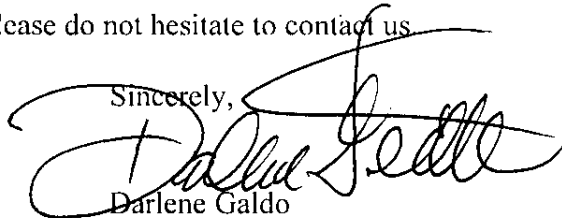
Re: Eden Roc, LLC

Dear Ms. Tadlock:

As per my conversation with Stacey Prather, enclosed please find Articles of Organization for Eden Roc, LLC, together with a check in the amount of \$55.00 payable to the Department of State for the filing of the Articles of Organization of Eden Roc, LLC. This filing replaces the filing of Eden Roc Corporation under Document Number W09000032415.

If you have any questions, please do not hesitate to contact us.

Sincerely,



Darlene Galdo
Assistant to Rene V. Murai

/dg
Enc.

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Eden Roc, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rene V. Murai

Name of Person

Murai Wald Biondo & Moreno, P.A.

Firm/Company

1200 Ponce de Leon Boulevard

Address

CORAL GABLES, FLORIDA 33134

City/State and Zip Code

dgaldo@mwbm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Galdo

Name of Person

at (305)

444-0101

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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The name of the Limited Liability Company is:

(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 is:

Mailing Address:

848 Brickell Avenue

Suite 700

Miami, Florida 33131

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name _____

Florida street address (P.O. Box **NOT** acceptable)

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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

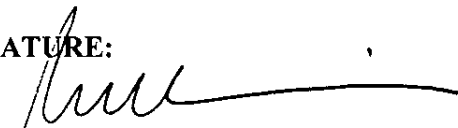
Name and Address:

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Rene V. Murai

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)