

L090000073649

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

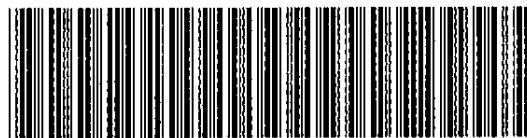
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/31/09--01004--023 **320.00

RECEIVED
09 JUL 31 AM 11:17
DIVISION OF REVENUE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 7/27/09

FILED
09 JUL 31 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

JUL 31 2009

EXAMINER

Sonotek Research
Requester's Name

EFFECTIVE DATE

7/27/09

Address

City/State/Zip

Phone #

656-5454

Office Use Only

FILED
09 JUL 31 PM 1:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Kristen Real Estate LLC
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

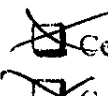
4. _____
(Corporation Name) (Document #)



Walk in



Pick up time



Certified Copy



Mail out



Will wait



Photocopy



Certificate of Status

NEW FILINGS



Profit



Not for Profit



Limited Liability



Domestication



Other

AMENDMENTS



Amendment



Resignation of R.A., Officer/Director



Change of Registered Agent



Dissolution/Withdrawal



Merger

OTHER FILINGS



Annual Report



Fictitious Name



Foreign



Limited Partnership



Reinstatement



Trademark



Other

REGISTRATION/QUALIFICATION

Examiner's Initials

EFFECTIVE DATE 7/27/09

FILED
09 JUL 31 PM 1:13
CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kristen Real Estate, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "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:

6201 Chapman Field Drive
Miami, Florida 33156

6201 Chapman Field Drive
Miami, Florida 33156

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 Florida registration.)

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

Louis Nostro

Name

201 S. Biscayne Blvd., Suite 1600

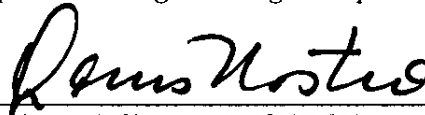
Florida street address (P.O. Box **NOT** acceptable)

Miami

FL

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:

MGRM

Rodolfo Espinosa

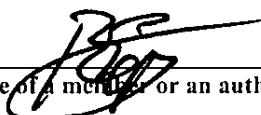
6201 Chapman Field Drive

Miami, Florida 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: July 27, 2009 (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.)

Rodolfo Espinosa

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)