

LO900074677Florida 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.

(((H09000175876 3)))



H090001758763ABCA

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 : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

FILED
09 AUG -4 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

3514 Santa Barbara Blvd LLC

D. BRUCE

AUG 05 2009

EXAMINER

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
09 AUG -4 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT #

4090001758763

**ARTICLES OF ORGANIZATION
OF
3514 Santa Barbara Blvd LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **3514 Santa Barbara Blvd LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 150 Coralwood Circle, Kissimmee, Florida 34743.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Byron Alarcon, 150 Coralwood Circle, Kissimmee, Florida 34743. Located in the County of Osceola.

ARTICLE IV DURATION

The duration for the limited liability company shall be: Perpetual.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Byron Alarcon, 25-21 14th Street, Astoria, New York 11102



Date: August 3, 2009

Business Filings Incorporated, Organizer

Mark Williams, A.V.P.

Authorized Representative

Prepared by Mark Williams, Business Filings Incorporated, 8040 Excelsior Dr., Suite 200, Madison, WI 53717

(608) 827-5300

FAX AUDIT #

4090001758763

FILED
09 AUG -4 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # 4090001758763

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **3514 Santa Barbara Blvd LLC**

The name and address of the registered agent and office is **Byron Alarcon, 150 Coralwood Circle, Kissimmee, Florida 34743. Located in the County of Osceola.**

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____

Byron Alarcon
Byron Alarcon

Date: 8/3/09

FILED
09 AUG -4 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FAX AUDIT # 4090001758763