

## 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.

(((H09000216875 3)))



H090002168753ABC5

**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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973

Hax Number : (305)220-1440

SECRETARY OF STATE TALL AHASSEE TO STATE

### FLORIDA/FOREIGN LIMITED LIABILITY CO.

### MBB SUNNY ISLES, LLC

RECEIVED

09 OCT -8 PH 3: 35
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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

Electronic Filing Menu

Corporate Filing Menu

<sub>nı</sub>A. LUNT<sub>Help</sub>

OCT -9 2009

EXAMINE



FROM : LA 'ARUS

FAX NO. :3052201440

## H09000216875

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

AJCTICLE 1 - Name: The name of the Limited Liability Company is:	
The name of the Elimited Elability Company is.	
MBB SUNNY ISLE	S, LLC
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2801 NE 183 ST #611 AVENTURA FL 33160	2801 NE 183 STE # 811 TO AVENTURA FL 33400 &
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	Office, & Registered Agent's Signature: ered Agent. You must designate an individual or another
The name and the Florida street address of the r	egistered agent are:
Maria K Namo	legane Shemesh
19610	NE 26 AVE
Florida street add	iress (P.O. Box <u>NOT</u> acceptable)
<u>Miami</u>	FL 33180
City, State, a	and Zip
Having been named as registered agent and to	accent service of process for the above stated limited

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

H09000216875

# H09000216875

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

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

<u>Title:</u> "MGR" – Manager	Name and Address:
"MGRM" = Managing Member	2009 TAL
MGRM	MARCIO BROTTO DE BARROS
MGR	FRANCISCO A. SCARDUA & FRANCISCO A. SCARDUA & FLORING AVENTURA FLORING COMPANY
and the state of t	
(Use attachment if necessary)	. ·
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	e date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:  Signature of a members.	Der or an authorized representative of a member.
(In accordance with a of this document cont that the facts stated	oction 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury
Francis	SCO Antonio SCARDUA.  Sypod 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)

Page 2 of 2

H09000216875