

L09000115625

Florida Department of State
Division of Corporations
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.

(((H09000252106 3)))



H090002521063ABCZ

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 : JORGE L. GURIAN P.A.
Account Number : I20010000123
Phone : (305) 279-4101
Fax Number : (305) 279-1489

FILED
2009 DEC -4 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Jgurian@eurianlaw.com

**FLORIDA/FOREIGN LIMITED LIABILITY CO.
IVY PH5 LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

C. LEWIS

DEC 7 2009

EXAMINER

RECEIVED
09 DEC -4 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2009 DEC -4 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

• Fax Audit Number H09000252106 3
Account Number I20010000123

**Articles of Organization for IVY PH5 LLC
a Florida Limited Liability Company (FS § 608.407)**

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such company:

1. Name. The name of this company shall be: IVY PH5 LLC
2. Mailing Address. The mailing address and the street address of the principal office of the limited liability company shall be: 2665 South Bayshore Drive, Suite 906, Coconut Grove, Florida 33133.
3. Duration/Continuation. The period of this company's duration shall be *perpetual* unless terminated by the unanimous written agreement of all members or by the death, retirement resignation, expulsion, bankruptcy or dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member, unless the business of the company is continued by the consent of all the remaining members, or by amendment of these Articles of Organization providing for the continued existence of the company subsequent to the foregoing events.
4. Managing Members: The name and address of the individual who will serve as managing members are as follows:

RAFAEL PALLADINO
2665 South Bayshore Drive, Suite 906
Coconut Grove FL 33133
5. Registered Agent and Office. The name and street address of the initial registered agent and office for this company is as follows: Jorge Gurian, 2665 South Bayshore Drive, Suite 906, Coconut Grove, Florida 33133.
6. Admission of Additional Members; and Terms and Conditions of such Admissions: Additional Members may be admitted upon the approval of a majority of the Members of the Company, upon receiving the written application of such new Member, and in the manner set forth in the Bylaws of this Company.

Fax Audit Number H09000252106 3
Account Number I20010000123

FILED

2009 DEC -4 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit Number H09000252106 3
Account Number I20010000123

7. Right to Continue Business. The remaining members may continue the Business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the company.

8. Management of Company. The business of the Company shall be managed by the *Managing Member*. The name and address of the *Managing Member* is set forth above in Article 4.

IN WITNESS WHEREOF, the undersigned Incorporator(s), through their authorized representative, have hereunto set their hands and seals this 4TH day of December, 2009.



JORGE GURIAN

AUTHORIZED REPRESENTATIVE

Having been named as Registered Agent and to accept service of process for the above stated limited liability company, 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



JORGE GURIAN

Fax Audit Number H09000252106 3
Account Number I20010000123

FILED

2009 DEC -4 AM 7:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit Number H09000252106 3

Account Number I20010000123

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND A REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: IVY PH5 LLC
2. The name and the Florida street address of the registered agent are:

Jorge Gurian
2665 South Bayshore Drive
Suite 906
Coconut Grove, Florida 33133.

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.



JORGE GURIAN

Fax Audit Number H09000252106 3

Account Number I20010000123