L1000016491

(Reque	itor's Name)	
. (Addres	s)	
(Addres	s)	
•	,	•
(0:1-10)		
(City/St	ate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
•		
(Busine	ss Entity Name)	·
(=400		
(Docum	ent Number)	
Certified Copies	Certificates of Statu	s
Special Instructions to Filin	n Officer:	
Special instructions to Film	g Omcer.	1
		·

Office Use Only



700168022107

02/12/10--01021--001 **130.00

SUFFICIENCY OF FILING

2010 FEB 12 AM ID: 39

SUPETARY OF STATE STATES OF CORPORATION OF CORPORATION

B. KOHR

FEB 12 2010

EXAMINER

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

	/************************************	Office Use Only
ORPORATION NAME(S) & DOCU	MENT NUMBER(S), (i	
Sea-n-Sun (Corporation Name)	Retreat (Document#)	LLC
(Corporation Name)	(Document #)	·
(Corporation Name)	(Document #)	•
	(Document #)	·.
(Corporation Name)	(Document #)	The second secon
Walk in Pick up time _	2.00	Certified Copy
Mail out Will wait	Photocopy	Certificate of Status
EW FILINGS	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of I Change of Regis Dissolution/Wit Merger	
OTHER FILINGS	REGISTRATION/O	<u>OUALIFICATION</u>
Annual Report Fictitious Name	Foreign Limited Partner Reinstatement Trademark Other	ship
		Examiner's Initials
2E031(7/97)	•	Evaluine 2 initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sea-n-Sun Retreat, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
14515 SW 120 STREET	14515 SW 120 STREET
MIAMI, FL 33186	MIAMI, FL 33186

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:

MARIA S	SOLEDAD MELI	ENDEZ	
 	Name		
14515 SW 120 S	STREET		
Florida str	eet address (P.O.	Box NOT acce	ptable)
 MIAMI,	FL	33186	
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)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager	
"MGRM" = Managing	Member
MGRM	MARIA SOLEDAD MELENDEZ
	14515 SW 120 STREET
	MIAMI, FL 33186
MGRM	JESSICA MICHELLE MELENDEZ
	14515 SW 120 STREET
	MIAMI, FL 33186
MGRM	RAMON MELENDÉZ
	14515 SW 120 STREET
	MIAMI, FL 33186
LE V: Effective date, if fective date is listed, the days after the date of f	other than the date of filing: (OPTION e date must be specific and cannot be more than five business dating.)
REQUIRED SIGNAT	URE:
	acalelando
Signat	ure of a member or an authorized representative of a member.
(In acc	
of this	document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
of this	document constitutes an affirmation under the penalties of perjury