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.

(((H10000074357 3)))



H100000743573ABC

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

Fax Number

: (850)617-6383

From:

Account Name : BROAD AND CASSEL (BOCA RATON)

: (561)483-7321

Account Number : 076376001555 Phone : (561)483-7000

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

Email Address:

RMCRAE@AEGISTAX.COM

# FLORIDA LIMITED LIABILITY CO. ARBELEDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

SECRETARY OF STATE OF CORPORATION

T. HAMPTON

Electronic Filing Menu

Corporate Filing Menu APR - 2-2010

Help

EXAMINER

03/31/2010 WED 13:06 PAX

₩003/004

Fax Audit Number: H10000074357 3

## ARTICLES OF ORGANIZATION

OF

## ARBELEDA, LLC

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

#### **ARTICLE I**

The name of this limited liability company shall be: ARBELEDA, LLC.

#### ARTICLE II

The mailing address and street address of the principal office of the limited liability company shall be 3261 Burnt Pine Cove, Box 12, Miramer Beach, FL 32550, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

#### ARTICLE III

The initial registered office of this limited liability company is 3261 Burnt Pine Cove, Box 12, Miramer Beach, FL 32550. The initial registered agent at that address is Robert F. McRae, Jr.

#### ARTICLE IV

This limited liability company shall be a manager-managed company.

3 AN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this day of 2010.

Robert P. MoRge, M. Manager

Fax Audit Number: H10000074357 3

10 APR -1 AM 7:50

03/31/2010 WED 13:06 FAX

**2002/004** 

Fax Audit No. H10000074357 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

FIRST -- The name of the limited liability company is ARBRIEDA, LLC.

SECOND - The name and address of the registered agent and office is:

Robert F. McRas, Jr. 3261 Burnt Pine Cove, Box 12 Miramar Beach, FL 32550

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.

Dated this 315 day of MAICh 2010.

Robert F. McRae, Jr., Registered Agent

4(D444) 1-27(1), ) SEXXOCAL COM,

Fax Audit Number: H10000074357 3

IN APR - 1 M TI