

MAY-05-2012 AT 09:00 PM

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
PADIVGECA LLC

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

T. HAMPTON

Electronic Filing Menu

Corporate Filing Menu

MAY - 7 2010 Help

EXAMINER

RECEIVED

10 MAY -6 AM 10:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR -6 AM 7:57

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PADIVGECA LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1120 S POWERLINE ROAD  
POMPANO BEACH FL 33069

1120 S POWERLINE ROAD  
POMPANO BEACH FL 33069

**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:

MANUEL ARVESU

Name

2121 PONCE DE LEON BLVD SUITE: 510

Florida street address (P.O. Box **NOT** acceptable)

CORAL GABLES FL 33134 FL

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.*

[Signature]  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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10 APR -6 AM 7:57

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

NANCY FERNANDEZ BERMUDEZ

6903 NW 109TH AVE

DORAL FL 33178

MGRM

HCD DEVELOPERS, LLC

1914 CEDAR COURT

WESTON FL 33327

MGR

TOMAS GONZALEZ

17690 SW 29TH CT

MIRAMAR FL 33029

MGR

ROBERTO ORTA PARO

6903 NW 109TH AVE

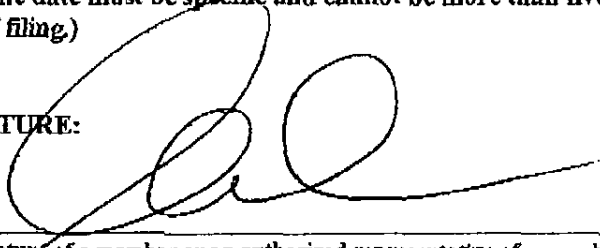
DORAL FL 33178

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

MANUEL ARVESU

\_\_\_\_\_  
Typed 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)

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