

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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**FLORIDA LIMITED LIABILITY CO.
MENOCAL MANAGEMENT LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAY 11 2010

EXAMINER

5/10/2010

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY 10 AM 7:47

H10000113030**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

MENOCAL MANAGEMENT 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:**

501 SW 89TH COURT

501 SW 89TH COURT

MIAMI, FL 33174

MIAMI, FL 33174

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:

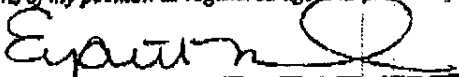
ELIZABETH A. MENOCAL

Name

501 SW 89TH COURTFlorida street address (P.O. Box **NOT** acceptable)**MIAMI****FL 33174**

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)

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H10000113030**ARTICLE IV- Manager(s) or Managing Member(s):**

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

Title:

"MGR" = Manager

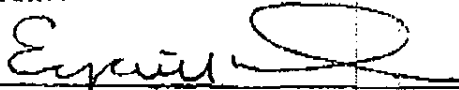
"MGRM" = Managing Member

Name and Address:MGRELIZABETH A. MENOCA501 SW 89TH COURTMIAMI, FL 33174MGRMJESUS M. MENOCA501 SW 89TH COURTMIAMI, FL 33174

(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.)

ELIZABETH A. MENOCA

Typed or printed name of signer

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