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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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DEPARTMEN

EFFECTIVE DATE C 17/2011

B. KOHR

JUN 2 3 2010

EXAMINER

LAZARUS

CR2E031(7/97)

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-	-5973	6
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CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if kno	own):
1. COSTA SUR	LLC	R Alogs
(Corporation Name)	(Document #)	
2.		
(Corporation Name)	(Document FFECTI	VE DATE 17/2010
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<u>NEW FILINGS</u>	<u>AMENDMENTS</u>	
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A. Change of Registere Dissolution/Withdra Merger	ed Agent
OTHER FILINGS	REGISTRATION/QUA	ALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	
		Examiner's Initials

EFFECTIVE DATE 6 17/2010

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	Company is: TA SUR LLC Star "Limited Liability Company, "L.L.C.," or "LLC.")
The mane of the Emirica Elability	Company is:
cos	TA SUR LLC
(Must end with the word	ds "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	tress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
900 W 49 STREET SUITE 508	900 W 49 STREET SUITE 508
	HIALEAH, FL 33012
business antity with an active Plorida registre The name and the Florida street ac	•
	Name
90	0 W 49 STREET SUITE 508
	Florida street address (P.O. Box NOT acceptable)
	HIALEAH, FL 33012
	City, State, and Zip
liability company at the place of registered agent and agree to act statutes relating to the proper as	d agent and to accept service of process for the above stated limited designated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of all and complete performance of my duties, and I am familiar with and osition as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)
Page 1 of 2

Registered Agont's Signature (REQUIRED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGR	PETER JORGE MAMOPULAKOS 900 W 49 STREET STE 508
	HIALEAH, FL 33012
MGR	MOIDHLA MARIA MURAR
	KOIDULA MARIA KUBAR 900 W 49 STREET STE 508
	HIALEAH, FL 33012
•	
•	
effective date is listed, the date	than the date of filing: 6/17/2010 (OPTIONAL) e must be specific and cannot be more than five business days p
90 days after the date of filing.) '
REQUIRED SIGNATURE	
Signature of	In member of an anthorized representative of a member.
(In accordan of this docu	nce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury sets stated herein are true.)

PETER JORGE MAMOPULAKOS / KOIDULA MARIA KUBAR

Typed or printed name of signec