

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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SECRETARY OF STATE

NLLAHASSEE, FLORIDA

### FLORIDA LIMITED LIABILITY CO. LA BARRA VILLAGE, LLC

Certificate of Status

Certified Copy 1

Page Count 03

Estimated Charge \$155.00

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JUL 30 2010

**EXAMINER** 

Electronic Filing Menu

Corporate Filing Menu

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ARTICLE I - Name:

# H10000172168

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

| The name of the Limited Liability Company is:  |  |  |
|--|--|--|
| LA BARRA Village 116 (Must end with the words "Limited Liabili   | ty Company," "L.L.C.," or "LLC.")  | i All                                      |
| ARTICLE II - Address: The mailing address and street address of the pri  | incipal office of the Limited Liability (  | (6) 27 N                                   |
| Principal Office Address:  | Mailing Address:   | 9 AM                                       |
| 1565 N.E. 118 TH. TERRACE<br>MIAMI, FLORIDA, 33161   | SAME   | H 8: 35                                    |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations business entity with an active Florida registration.)   |  |  |
| The name and the Florida street address of the re-   | egistered agent are:   |  |
| TERESITA M   | AR CECA  |  |
| 1565 N.E. 118 TH. Florida street address (P.O.   | TERRACE , MiATYI, FLORII<br>Box NOT acceptable)  | DA 3316                                    |
| City, State, an  | FL   |  |
| Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis | accept service of process for the above so<br>his certificate, I hereby accept the appol<br>I further agree to comply with the pro<br>rformance of my duties, and I am familia | ntment as<br>visions of all<br>ur with and |
| Registered Agent's Signatu   | are (REQUIRED)   |  |

(CONTINUED)

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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 Me  | Name and Address:  |
|---|--|
| MGRM  | PABLO HERNAN TILUE<br>1565 NE 118 TH TERRACE AND MIAMI FLORIDA BOLGI   |
| MGRM  | MARIA LAURA FERRUA SA NO ISGO NE 118 TH TERRACE NO MIAMI, FLORIDA 33161 35   |
|   |  |
| (Use attachment if necessary  | ary)   |
| ARTICLE V: Effective date, if of (If an effective date is listed, the of to or 90 days after the date of filing | late must be specific and cannot be more than five business days prior   |
| · REQUIRED SIGNATU  | RE:  |
|   | Total  |
| Signatur  | of a member or an authorized representative of a member.   |
| of this do  | dance with section 608.408(3), Florida Statutes, the execution occument constitutes an affirmation under the panalties of parjury e facts stated herein are true.) |
|   | Tilve. Table Hernan Typed or printed name of signee  |
| ,<br>   | 737ea or bringer name or signee  |
| Filing Pees:  |  |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Cartified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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