

L100000083570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

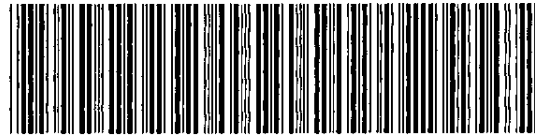
(Business Entity Name)

(Document Number)

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B. KOHR  
AUG 10 2010  
EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 AUG -9 AM 10: 45

CORP DIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 AUG - 9 AM 10:45

**CONTACT:** Kim Weidenbach

**DATE:** 08/09/10

**REF. #:** 000409.130295

**CORP. NAME:** AEC TORTUGA 32, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 536056 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
AEC TORTUGA 32, LLC**

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DIVISION OF CORPORATIONS  
10 AUG -9 AM 11:45

**ARTICLE I: - Name**

The name of the Limited Liability Company is AEC Tortuga 32, LLC

**ARTICLE II: - Address**

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

c/o Paulo Miranda  
Akerman Senterfitt  
One SE Third Avenue, 25<sup>th</sup> Floor  
Miami, FL 33131

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

*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.*

CorpDirect Agents, Inc., Registered Agent

By:   
Name: Michele Holden  
Title: Assistant Secretary

**ARTICLE IV: - Management**

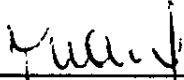
☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

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

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

MGRM

AEC Investments Corporation  
c/o Paulo Miranda  
One SE Third Avenue  
25<sup>th</sup> Floor  
Miami, FL 33131

  
\_\_\_\_\_  
Paulo Miranda, 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.)

Paulo Miranda

Typed or printed name of signee