

L10000091560

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000194790 3)))



H100001947903ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,
Account Number : I200000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
LAKE MERCED MANAGEMENT, LLC**

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

C. LEWIS

SEP 1 2010

EXAMINER

RECEIVED
10 AUG 31 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H10000194790

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY****ARTICLE I – Name:** The name of the Limited Liability Company is:**Lake Merced Management, LLC****ARTICLE II – Address:**

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

Principal Office Address:7041 S.W. 154th Court,
Miami, FL, 33193.**Mailing Address:**7041 S.W. 154th Court
Miami, FL, 33193**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

ALEJANDRA ALVARADO**7041 S.W. 154th Court
Miami, FL 33193**

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..

ALEJANDRA ALVARADO

Alejandra Alvarado
Registered Agent's Signature

(CONTINUED)
Page 1 of 2

H10000194790

FILED
2010 AUG 31 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H10000194790

2010 AUG 31 AM 9:58

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title:

Name and Address:

MGRM

ANGEL REINALDO BARON

MGRM

NOELIA COROMOTO ROJAS

MGR

ALEJANDRA ALVARADO

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.)

ANGEL REINALDO BARON

Typed or printed name of signee

H10000194790