

L10000099036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

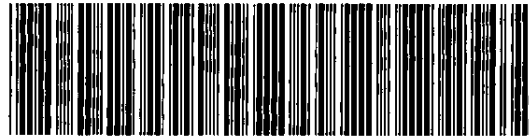
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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09/21/10--01031--007 \*\*125.00

T. CLINE

SEP 22 2010

EXAMINER

EFFECTIVE DATE 9-30-10

FILE  
2010 SEP 21 AM  
SECRETARY OF S  
TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Alhambra Investments, LLC**  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carlos Blanco

Name of Person

Firm/Company

725 Tiziano AV

Address

Coral Gables, FL 33143

City/State and Zip Code

cblanco2009@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Blanco at ( 305 ) 798-2904  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2010 SEP 21 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Alhambra Investments, 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:

725 Tiziano AV  
Coral Gables, FL 33143

#### Mailing Address:

725 Tiziano AV  
Coral Gables, FL 33143

### 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:

Carlos Blanco

Name

725 Tiziano AV

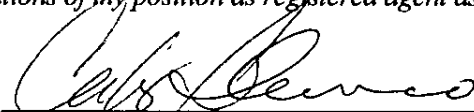
Florida street address (P.O. Box **NOT** acceptable)

Coral Gables, FL 33143

City, State, and Zip

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SECRETARY OF STATE  
ALLAHASSEE, FLORIDA

*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)

**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:**

MGR

Carlos Blanco

725 Tizlano AV

Coral Gables, FL 33143

MGRM

Orlando Casariego

3601 NW 55 Street, Suite 201

Miami, FL 33142-2701

MGRM

Douglas Terry

5440 South Elm Court

Greenwood Village, CO 80121

MGRM

Joseph Cathoun

10241 SW 84 CT

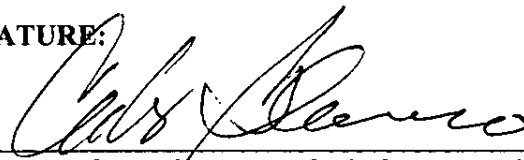
Cutler Bay, FL 33189

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 30, 2010. (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.)

Carlos Blanco

Typed or printed name of signee

**Filing Fees:**

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

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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<u>Title</u>	<u>Name and Address</u>
MGRM	MKSUR LLC 10241 SW 84 Court Miami, FL 33156
MGRM	Ralph A. Perez 806 Douglas Road, Suite 625 Coral Gables, Florida 33134
MGRM	George E. McArdle 806 Douglas Road, Suite 625 Coral Gables, Florida 33134
MGRM	Hemen Rodriguez Two Alhambra Plaza Penthouse II-A Coral Gables, FL 33134
MGRM	Marcelo Perez 17358 SW 143 Place Miami, FL 33177