

Electronic Filing Cover Sheet

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(((H10000244782 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019

: (305)552-5973

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Email Address:



FLORIDA LIMITED LIABILITY CO. **NEOVERTIKA 3104, LLC**

Certificate of Status

1

Certified Copy

0

Page Count

03

Estimated Charge

\$130.00

C. LEWIS

NOV 1 2 2010

EXAMINER

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H10000244782

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY FARY OF STATE

ARTICLE I - Name:

The name of the Limited Liability Company is:

NEOVERTIKA 3104, LLC

(Must and 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:

Mailing Address:

690 SW 1ST COURT

UNIT 3104 MIAMI, FL 33130

690 SW 1ST COURT SUITE 1020

MIAMI, FL 33130

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 matther business ontity with an active Florida registration.)

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

BARBARA KLINE

1409 LANTANA COURT

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

FL 33326

City, State, and Zip

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.

gent's Signsture (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:

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SLOKETARY OF STATE TALLAHASSEE, FLORIDA <u>Title:</u>
"MGR" = Manager Name and Address: "MGRM" - Managing Member ANA TERESA DOURADO MGR 690 SW 19T COURT, SUITE 1020 MIAMI, FL 33130 MGRM WALID EID 690 SW 1ST COURT, SUITE 1020 MIAMI, EL 33130

__, (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: _ (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

(Use attachment if necessary)

her or an authorized representative of a member.

(In accordance with acction 608.408(3), Morida Statutes, the execution of this document constitutes an affirmation inder the paralities of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in a.817.155, F.S.)

ANA TERESA DOURADO

Typed or printed name of signee

Piling Eccs;

\$125.00 Filing For for Articles of Organization and Designation

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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