

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

4/9/05

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To:

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

From:

Account Name : PADRO AND COMPANY, P.A.
Account Number : I20050000094
Phone : (305) 500-9361
Fax Number : (305) 500-9492

****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.
2675 Coconut LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2675 Coconut 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:

Jose F. Padro

Name of Person

PADRO & Company, P.A.

Firm/Company

2520 NW 97 ave , #120

Address

Miami, FL 33172

City/State and Zip Code

raquel@padrocpa.com

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

For further information concerning this matter, please call:

Jose F. Padro

Name of Person

at (305) 500-9361

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

2675 Coconut 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:

900 Biscayne Blvd #5706
Miami, FL 33132

Mailing Address:

P.O. Box 310247
Miami, FL 33231-0247

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:

Jose F. Padro

Name

2520 NW 97 ave, 120

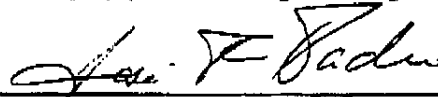
Florida street address (P.O. Box NOT acceptable)

Miami

FL 33172

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.



Registered Agent's Signature (REQUIRED)

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Patricio Kreutzberger

900 Biscayne Blvd

Miami, FL 33132

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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. 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 s.817.155, F.S.)

Patricio Kreutzberger

Typed or printed name of signer

Filing Fees:

Filing Fee for Articles of Organization and Designation
 of Registered Agent

Certified Copy (Optional)

Certificate of Status (Optional)

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