

L11000021130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

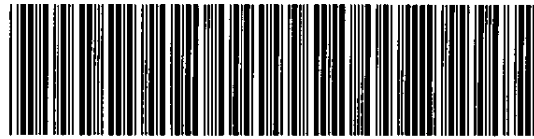
(Business Entity Name)

(Document Number)

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

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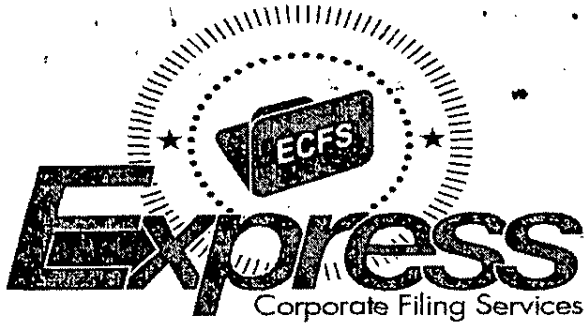
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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FEB 18 2011  
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**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. AAK PROPERTY MANAGEMENT, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in    
  Pick up time \_\_\_\_\_    
  Certified Copy  
 Mail out    
 Will wait    
 Photocopy    
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION**  
**OF**  
**AAK PROPERTY MANAGEMENT, LLC**

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**ARTICLE I**

The name of the limited liability company is **AAK PROPERTY MANAGEMENT, LLC.**

**ARTICLE II**

The address of the principal office and the mailing address of the limited liability company is:

7525 NE 3<sup>rd</sup> Place  
Miami, FL 33138

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is any and all lawful business.

**ARTICLE IV**

The name and the Florida street address of the registered agent of the limited liability company is:

ARAGON REGISTERED AGENTS, INC.  
255 Alhambra Circle  
Suite 500  
Coral Gables, FL 33134

*Having been named as the 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.*

Date: 2/16/11

  
\_\_\_\_\_  
Registered Agent's Signature

**ARTICLE V**

The name and address of each Manager is as follows:

<b><u>Title:</u></b>	<b><u>Name and Address:</u></b>
Manager	David R. Navarro 7525 NE 3 <sup>rd</sup> Place Miami, FL 33138

*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.*

Authorized Signee:



\_\_\_\_\_  
DAVID R. NAVARRO