

Florida Department of State
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To:

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

From:

Account Name : ARAZOZA, COMAS, DE TORRES & FERNANDEZ-FRAGA, P.A.
Account Number : 076624003440
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FLORIDA LIMITED LIABILITY CO.
907-09, LLC.

Certificate of Status	1
Certified Copy	0
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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAARTICLES OF ORGANIZATIONOF907-09, LLC

The undersigned members to these Articles of Organization hereby associate themselves together to form a Limited Liability Company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is: 907-09, LLC

ARTICLE II
GENERAL NATURE OF BUSINESS

The Limited Liability Company may engage in any activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE III
TERM OF EXISTENCE

This Limited Liability Company is to exist perpetually. The Limited Liability Company's business will continue without regard to the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company.

ARTICLE IV
ADDRESS

The principal office and mailing address of this Limited Liability Company in the State of Florida is: 1239 SOROLLA AVE, CORAL GABLES, FL 33134. The Board of Managers may from time to time move the principal office to another address in Florida.

ARTICLE V
REGISTERED OFFICE, REGISTERED AGENT

That 907-09, LLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization at the County of Miami-Dade, State of Florida, hereby designates GUILLERMO MARTINEZ, as its Registered Agent to accept services within the State. The registered office of the Limited Liability Company shall be 1239 SOROLLA AVE, CORAL GABLES, FL 33134.

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ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager - managed company. The Initial Manager of the Company shall be:

GUILLERMO MARTINEZ of
1239 SOROLLA AVE, CORAL GABLES, FL 33134

NANCY E. MARTINEZ of
1239 SOROLLA AVE, CORAL GABLES, FL 33134

WITNESS the hand and seal of the Manager in Miami-Dade County, State of Florida, the 22nd day of February, 2011

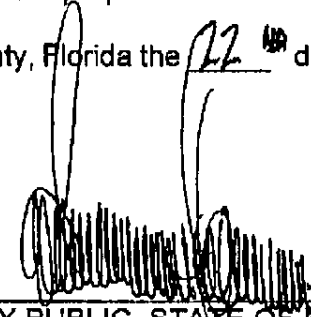

GUILLERMO MARTINEZ

STATE OF FLORIDA)
) SS:
COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, GUILLERMO MARTINEZ, the Manager of 907-09, LLC, for and on behalf of the business, who is personally known to me or presented his FL. DRIVERS LICENSE as identification, who being by me first duly sworn, acknowledges that he signed the same for the purposes herein expressed.

WITNESS my hand and seal at Miami-Dade County, Florida the 22nd day of February, 2011.

NOTARY PUBLIC-STATE OF FLORIDA
Laura Kohn
Commission # DD770888
Expires: MAY 16, 2012
BONDED THRU ATLANTIC BONDING CO., INC.



NOTARY PUBLIC, STATE OF FLORIDA
AT LARGE

My commission expires:

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida statutes, the following is submitted:

FIRST: That 907-09, LLC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at the County of Miami-Dade, State of Florida, designates GUILLERMO MARTINEZ, as its Agent, of 1239 SOROLLA AVE, CORAL GABLES, FL 33134, to accept service of process within Florida.

Having been named to accept service of process for the above stated Limited Liability Company, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

REGISTERED AGENT



Guillermo Martinez

Date the 22nd day of February, 2011

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