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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.

paloma apartments, llc

Certificate of Status	0
Certified Copy	1
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is: **PALOMA APARTMENTS, LLC**

ARTICLE II – Address:

The mailing address and street address of the principle office of the Limited Liability Company is: **3301 SW 139 Avenue, Miami, Florida 33175.**

Principal Office Address:

3301 SW 139 Avenue
Miami, Florida 33175

Mailing Address:

3301 SW 139 Avenue
Miami, Florida 33175

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

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

ALBERTO ROMAN

Name

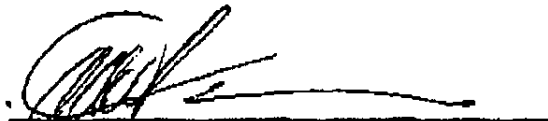
3301 SW 139 Avenue

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

Miami, Florida 33175

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

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TALLAHASSEE, FL 32304

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ARTICLE IV - Management / Member(s):

The name(s) and address(s) of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

MGR

ALBERTO ROMAN
3301 SW 139 Avenue
Miami, Florida 33175

MGR

ADALMY ROMAN
3301 SW 139 Avenue
Miami, Florida 33175

MGRM

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Alberto Roman

Typed or printed name of signee

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