L11000027373

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000058045 3)))

H11000580453ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

RECEIVED
11 MAR -4 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
11 MAR -4 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
106 GABLE BLVD, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	$160.00

Electronic Filing Menu Corporate Filing Menu Help

G. MCLEOD
MAR - 7 2011
EXAMINER

FILED
11 MAR -4 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION

OF

106 GABLE BLVD, LLC

ARTICLE I

The name of the limited liability company is **106 GABLE BLVD, LLC.**

ARTICLE II

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

7525 NE 3rd 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: 3/4/11

Mayra Fernandez
Registered Agent's Signature

ARTICLE V

The name and address of each Manager is as follows:

Title:	**Name and Address:**
Manager	Karin Rosado 7525 NE 3rd 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:

KARIN ROSADO