

L110000042822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

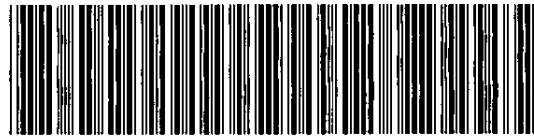
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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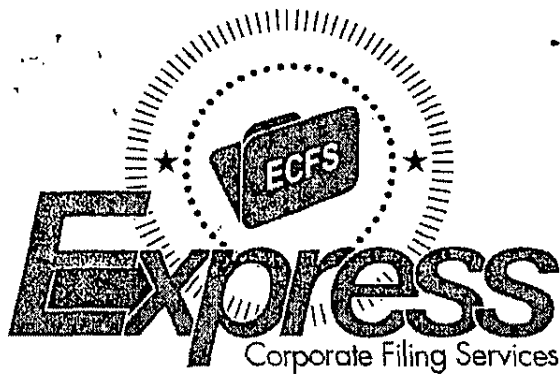
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

APR 11 2011

EXAMINER

FILED
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SECRETARY OF STATE
DIVISION OF CORPORATIONS



1000 Ponce de Leon Blvd. Suite: 101

Coral Gables, FL 33134

Phone: 305 444 4994

Email- filing@ecfsfiling.com

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 11 AM 11:18

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. INTERGLOBAL PROPERTIES, 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
FOR
FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 11 AM 11:18

ARTICLE I - NAME

The name and address of this Limited Liability Company shall be:

Interglobal Properties, LLC

ARTICLE II - ADDRESS

6708 NW 82 Ave


Miami, FL 33166

ARTICLE III - NAME OF REGISTERED
AGENT, ADDRESS OF REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

The name and street address of the L.L.C.'s initial registered resident agent shall be:

Miguel A. Hernandez
C/O 8500 WEST FLAGLER STREET
SUITE B-208
Miami, FL 33144

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

ARTICLE VII - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is; therefore, a manager-managed company.

Carlos Jose Ekmeiro Melean "MGRM"

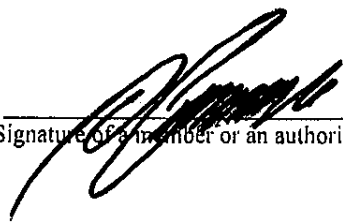
6708 NW 82 Ave

Miami, FL 33166

Erika C Castillo Amesty "MGRM"

6708 NW 82 Ave

Miami, FL 33166



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)

CARLOS JOSE EKMEIRO MELEAN

Printed name of signature