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(Re	equestor's Name)	
(/\d	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
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G. MCLEODY

JUN 15 2011

EXAMINER



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SECRETARY OF STATE
TALLAHASSEE FORMER

WIL- 11979 EFF DATE

COVER LETTER 💃

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TÓ:	Registration S Division of Co			
SUBJI	ECT: VITR	INA PROPERTIE	ES II, LLC	
		Name of Limi	lited Liability Company	
The en	closed Articles o	of Organization and fee(s) are	re submitted for filing.	
Please	return all corres	pondence concerning this mat	atter to the following:	
	<u>Victoria</u>	Triana		
		" "	Name of Person	
	~		Firm/Company	
	5151 S.V	V. 98th Avenue Ro	Rd.	
			Address	
İ	Miami, FL	33165		
•			City/State and Zip Code	
	lester@ltria	ina.com		
-			for future annual report notification)	
For fur	ther information	concerning this matter, pleas	se call:	
Leste	er Triana		at (305) 595-9765	
	Name	of Person	Area Code & Daytime Telephone Number	
Enclos	ed is a check for	or the following amount:	PREVIOUSLY-SEE LEHEN PAID ENCLOSED	
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Com	ppany is:	
Vitrina Properties II, LLC		
(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Co	ompany is:
Principal Office Address:	Mailing Address:	
5151 SW 98th Avenue Rd. Miami, FL 33165	5151 SW 98th Avenue Rd Miami, FL 33165	
	gistered Office, & Registered Agent's Signatu own Registered Agent. You must designate an individual or anot	
The name and the Florida street address	of the registered agent are:	3 →
Victoria Triana		A I NIT
	Name S	2 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -
5151 SW 98	th Avenue Rd.	
Florida	street address (P.O. Box NOT acceptable)	\ \tag{\text{\tint{\text{\text{\tint{\text{\text{\text{\tint{\text{\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\tint{\text{\text{\tint{\text{\tint{\text{\tint{\tint{\text{\tint{\text{\tint{\text{\tinit{\text{\tinit{\text{\tinit{\text{\tinit{\text{\tinit{\tinit{\tinit{\text{\tinit{\text{\tinit{\text{\tinit{\text{\tinit{\tinit{\tinit{\text{\tinit{\text{\tinit{\tinit{\text{\tinit{\tex{\tinit{\tinit{\tinit{\text{\tinit{\tinit{\tinit{\tinit{\text{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tinit{\tiin}\tinit{\tiin}\tinit{\tinit{\tiin}\tinit{\tinit{\tinit{\tiin}\tinit{\tiin}\tinit{\tinit{\tiin}\tiin}\tinit{\tiin}\tinit{\tiin}\tiin}\tiin}\tiin}\tiin}\tint{\tiin}\tint{\tiin}\tiin}\tiin}\tiin}\tiin}\tiin}\tiin}\ti
Miami	33165 공동	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM" = Managing Men	
MGRM	Victoria Triana
	5151 SW 98th Avenue Rd.
	Miami, FL 33165
MGRM	Lorenzo Triana
	5151 SW 98th Avenue Rd.
	Miami, FL 33165
MGRM	Lester Triana
 	13370 SW 67th Street
	Miami, FL 33183
Use attachment if necessary	·)
	r than the date of filing: (OPTION
ective date is listed, the dai	e must be specific and cannot be more than five business d

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Victoria Triana

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)