

L 11000070763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

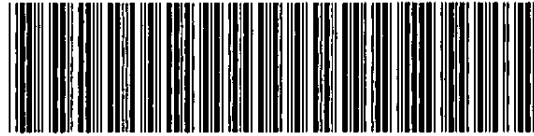
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JUN 17 2011

EXAMINER



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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 JUN 17 AM 10:57

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11 JUN 17 PM 1:06

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SECRETARY OF STATE
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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

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11 JUN 17 PM 1:05

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

1. SOUTH POINTE GALLERY LLC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in

Pick up time

2.00

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials

FLORIDA LIMITED LIABILITY COMPANY

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 JUN 17 PM 1:06

Article I

The name of the Limited Liability Company is :

SOUTH POINT GALLERY LLC.

Article II

The street address of the principal office of the Limited Liability Company is :

**804 NE 6th Street
Hallandale Beach , Florida 33009**

Article III

The purpose for which this Limited Liability Company is organized is :


General Consulting

Article IV

The Name and Florida street address of the registered agent is :

**Paula Martinez
804 NE 6th Street
Hallandale Beach , Florida 33009**

Haven 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 of registered agent .



*Paula Martinez
804 NE 6th Street
Hallandale Beach , Florida 33009*

Article V

The name (s) of managing member (s) manager (s) are :

*Member : Paula Mertinez
Membe : Alejandra Basiler*

Signature of member or an authorized representative of a member :



*Paula Martinez
804 NE 6th Street
Hallandale Beach , Florida 33009*