11000142288

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	∍ #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
· (Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700214567547

12/16/11--01027--003 **160.00

11 DEC 16 PILIZ: 02

B. BOSTICK
DEC 2 0 2011
EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: SPR	INGS ON THE GI	REEN, LLC ted Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
MANUE	L PEREZ-VICHO	Name of Person	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
P.O. BO	X 660498		
		Address	
MIAMI SP	RINGS, FL 33266		<u> </u>
		ty/State and Zip Code	
PREZVICE	HOT@AOL.COM	for future annual report notification)	رين رين <u>په</u>
For further information	n concerning this matter, pleas	•	
Tor tartier information	recincerning uns matter, preas	e çan.	
MANUEL PERE		_ at (305) 871-1648	
Name	of Person	Area Code & Daytime Tele	phone Number
Enclosed is a check t	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 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 C	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limite	ed Liabili	ity Company is:	/ is:	
SPRINGS ON	THE	GREEN, I	_	
(Must en	d with the w	vords "Limited Liabi	lity	

ARTICLE II - Address:

Principal Office Address.

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

Mailing Address

Frincipal Office Address:	Maning Address:	
MANUEL PEREZ-VICHOT 1056 HUNTING LODGE DR. MIAMI SPRINGS, FL 33166	MANUEL PEREZ-VICHOT P.O. BOX 660498 MIAMI SPRINGS, FL 33266	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)	l Office, & Registered Agent's Signature: tered Agent. You must designate an individual or another	
The name and the Florida street address of the re	registered agent are:	
MANUEL PEREZ-VICH	нот	Ĭ
Name	Çir Ö n	FM .
1056 HUNTING L		7
Florida street add	ress (P.O. Box NOT acceptable)	al ^{tr}
MIAMI SPRINGS	ress (P.O. Box <u>NOT</u> acceptable)	
City, Sta	ate, 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	MANUEL PEREZ-VICHOT
	1056 HUNTING LODGE DR
	MIAMI SPRINGS, FL 33166
MGRM	CLARA M. PEREZ
	1056 HUNTING LODGE DR
	MIAMI SPRINGS, FL 33166
	العودون العودون ععد السحيد وكرام
	C)
	- 77
(Use attachment if necessary)	PAGE ORANGE
OT E V. E.C. adian data is adam about al	
CLE V: Effective date, if other than the	
onective date is fisted, the date must p one days after the date of filing.)	be specific and cannot be more than five business da
o days after the date of ming.)	
REQUIRED SIGNATURE:	
1 Na	w
Signature of a membe	er 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.)

MANUEL PEREZ-VICHOT

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)