1200000787

	(Requestor's Name)					
	(Address)					
	(Address)					
 	(City/State/Zip/Phone #)					
	PICK-UP WAIT MAIL					
,	(Business Entity Name)					
(Document Number)						
Certifie	ed Copies Certificates of Status					

Special Instructions to Filing Officer:

L. SELLERS

JAN 17 2012

EXAMINER

Office Use Only



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01/13/12--01036--007 **125.00

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:					
Stella Pı	roperties, LLC.				
	(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE I	I - Address:				
The mailing :	address and street address of the principal office of the Limited				

Principal Office Address:		Mailing Address:

7850 NW 146 Street, Suite 424 7850 NW 146 Street, Suite 424 7850 NW 146 Street, Suite 424 Miami Lakes, Fl. 33016

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Lourdes Armengol. Esq. Name

7850 NW 146 Street, Suite 424

Florida street address (P.O. Box NOT acceptable)

Miami Lakes

Liability Company is:

FL 33016 City, State, 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..

Régistered Agent's Signature (&EQUIRED)

(CONTINUED)

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	THING BIR TROUBERS	
"MGRM" = Managing Member		
MCD		
MGR	Jorge L. Blanco	
	7850 NW 146 Street, Suite 424 Miami Lakes, Fl. 33016	
		
MGR	Lourdes Armengol	
	7850 NW 146 Street, Suite 424	
	Miami Lakes, Fl. 33016	
		
		
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than	the date of filing:	(OPTIONAL)
(If an effective date is listed, the date mu	ist be specific and cannot be more tha	in five business days prior
to or 90 days after the date of filing.)		
REQUIRED SIGNATURE:	•	
	1 1	
	rustis Monency	
Signature of a mo	ember or an authorized representative of a	member.
(In accordance with section	n 608.408(3), Florida Statutes, the execution of	of this document
constitutes an affirmation	under the penalties of perjury that the facts sta	ated herein are true.
t am aware that any talse is constitutes a third degree if	nformation submitted in a document to the Defelony as provided for in s.817.155, F.S.)	epartment of State
	mengol, Esq.	=
250,0007,	Typed or printed name of signee	
	- A Land at harmon manne or or Blood	AR A
Filing Fees:		

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

of Registered Agent

\$125.00 Filing Fee for Articles of Organization and Designation