

L12000022730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

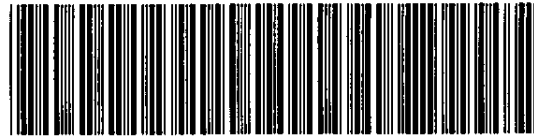
MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 FEB 15 PM 4:20

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
12 FEB 15 AM 10:14

Office Use Only

B. KOHR

FEB 16 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 097488 4305390

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 125.00

FILED
12 FEB 15 AM 10:14

ORDER DATE : February 15, 2012

ORDER TIME : 2:40 PM

ORDER NO. : 097488-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: JM BRAZIL REALTY, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

JM BRAZIL REALTY, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

12 FEB 15 AM 10:11
STATE OF FLORIDA
DEPARTMENT OF REVENUE
RECEIVED

ARTICLE II - Address:

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

Principal Office Address:

3 Grove Isle Drive, Apt. 1210
Coconut Grove, FL 33133

Mailing Address:

3 Grove Isle Drive, Apt. 1210
Coconut Grove, FL 33133

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:

Clifford M. Sobel
Name

3 Grove Isle Drive, Apt. 1210
Florida street address (P.O. Box NOT acceptable)

Coconut Grove FL 33133
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..

Clifford M. Sobel

Clifford M. Sobel
x 
Registered Agent's Signature (REQUIRED)

(RED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Clifford M. Sobel

3 Grove Isle Drive, Apt. 1210

Coconut Grove, FL 33133

MGRM

Jonathan Sobel

40 Dorison Drive

Short Hills, NJ 07078

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Signature of a Manager or an authorized representative of a member.

MGT.

(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.)

Clifford M. Sobel, Managing Member

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)