

L12UUUU22730

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR

FEB 16 2012

EXAMINER



600216549616

RECEIVED
DEPARTMENT OF STATE
12 FEB 15 PM 4:20

12 FEB 15 AM 10:14

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CONFIRMATION



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 097488 4305390

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$125.00

FILED
FEB 15 2012
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
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX 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.")

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)

12 FEB 15 AM 10:11
FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF DADE
FLORIDA

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

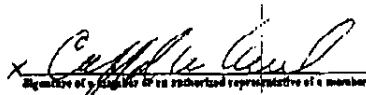
40 Dorison Drive

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.

RET.

(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)